To : Vaccination Team	Date:
IO . Vacciliation leann	Date .

<u>List of Students Withheld Seasonal Influenza Vaccination</u>

If the students are not able to have vaccination, please fill in the details and submit to the vaccination team **before the start of activity** on the vaccination day.

Class	Class Name of Students No.	Name of Students	Students with consent for vaccination BUT withhold vaccination today because of (please put a "✓" to the appropriate box):			Remarks
		absence	physical discomfort	Other reasons (pl. specify)		