

## Healthcare Consent Form

**1. Have you experienced any of the following symptoms?**

- ☐ Fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ Fatigue

**2. Which vaccinations have you received?**

- ☒ Influenza
- ☐ COVID-19
- ☒ Hepatitis B
- ☐ None of the above