



Medical Delegation and/or Directive

Appendix 1: **Designated Physician Authorization Sheet**

Medical Delegation and/or Directive Title for: **Peer Influenza Immunization**

Policy No. : **15-02**

Please indicate your review of the Medical Delegation and/or Directive listed above and acknowledge your approval by signing and dating the form below.

<i>Name of Physician</i>	<i>Date</i>	<i>Signature</i>