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## **Declination of Influenza Vaccination**

The School of Clinical Sciences has recommended that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including

- all patients in this healthcare facility
- my coworkers
- my family
- my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons. If you choose "medical contradiction or allergy", you do not need to state your specific condition.

Medical Contraindication:

Other: \_\_\_\_\_

I understand that I may be required to wear a protective mask.

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

I have read and fully understand the information on this declination form.

Signature:

Date:

Name (print):

Program:

Your statement of reasons for declining will not be kept in your personnel file and will not be used to make any decisions concerning your employment.