

## Declination of Influenza Vaccination

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Medic has recommended that I receive the 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 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to others.
- I understand that the strains of virus that cause influenza infection changes almost every year and I may lose my immunity over the season.
- 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 am in contact, including:
  - All patients
  - My coworkers
  - My family
  - My community

Despite these facts, I am choosing to decline the influenza vaccination for the following reason:

Medical

Religious

**I understand that by declining the vaccination, I am required to wear my N95 mask/respirator during any/all patient encounters and at all patient care facilities throughout the entire flu season.**

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ ID Number: \_\_\_\_\_