

### Declination of Seasonal Influenza Vaccination

Some of our clinical partners, have recommended that all students and faculty receive the influenza vaccination to protect the patients we serve. If you decline the Seasonal Influenza Vaccination, depending on the specified site’s discretion, you may not be able to participate in site clinical rotation. Seasonal influenza vaccination is a requirement at most healthcare facilities.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers/students to protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others, and will stay home.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine 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;
  - my patients and other patients in a healthcare setting
  - my family
  - my community
  - my coworkers
  - my classmates

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons: \_\_\_\_\_

I understand that I can change my mind at any time and accept influenza vaccination, if it is available. I have read and fully understand the information on this declination form. I decline influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza and/or transmitting it to others. **I understand that I will be required to wear a mask when caring for patients or working in a direct patient care area in order to protect our patients, their families, myself and other staff.** If in the future I want to accept the influenza vaccine, I can receive the vaccine (if available).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Program: \_\_\_\_\_

Student

Instructor

