



2017-2018 Influenza Vaccination Campaign Informed Declination Form

I DO NOT WANT A FLU SHOT.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the 2017-2018 season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death: to patients, my coworkers, my family, and my community.

SEASONAL FLU – DECLINATION CONFIRMATION 2016-2017

Please check all that apply:

- I have moderate (generalized rash) or severe (life-threatening) allergies to eggs, vaccine components, or prior influenza vaccines. Documentation from personal physician is attached.
- I have a history of Guillain-Barre Syndrome. Documentation from personal physician is attached.
- I am concerned about potential side effects or safety of the vaccine.
- My philosophical beliefs prohibit vaccination.
- I dislike needles or shots.
- I believe I will get the flu if I get the vaccine.
- Leave of Absence or Exempt
- Other (Please describe):

PRINT NAME: _____ DOB: _____ PH #: _____

SIGN: _____ DATE: _____