

Declination of Influenza Vaccination

Southcentral Foundation has recommended that I receive influenza vaccination in order to protect my customers, my co-workers, and myself.

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 to prevent influenza disease and its complications, including death. When healthcare workers are vaccinated against influenza, there is a 50% reduction in mortality rates from influenza among patients.
- If I contract influenza, I will shed the virus for 24 – 48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to all my contacts in the clinic, program, or facility where I work.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- 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 cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including
 - patients in this healthcare setting
 - my coworkers
 - my family
 - my community

Despite these facts, I am choosing to decline influenza vaccination at this time because (select one):

- I am allergic to eggs or to another component of the vaccine.
- I have a history of Guillain-Barré syndrome related to a previous influenza vaccination.
- I am sick today.
- I have already received this vaccination from my primary care provider or other source.
- I do not want to have this vaccination. Explain: _____

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

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

Signature: _____ Date: _____

Name (print): _____

Department: _____