

Declination of Influenza Vaccination

My employer, has recommended that I receive the influenza vaccination to protect the clients 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 now mandatory for me and all other healthcare workers to protect both clients and staff 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 my clients.
- 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 required annually.
- 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 clients to whom I provide care
 - my coworkers
 - my family
 - my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons
(please choose only one):

☐ **personal reasons** ☐ **medical reasons**

I understand that I can change my mind at any time and accept influenza vaccination, if the vaccine is still available at no cost to me. I have read and fully understand the information on this declination form.

*"If I refuse to obtain the annual seasonal influenza vaccination it is my professional licensing obligation to wear a surgical face mask during each direct patient contact in the performance of my professional duties at any health care facility during any declared period in which flu is widespread. I understand that the consequence for failing to do so shall result in a **one hundred dollar (\$100) fine** for each violation. Failing to do so may also result in a complaint of Unprofessional Conduct being presented to the licensing board that has authority over my professional license. I understand that such licensing complaint, if proven, may result in a sanction such as reprimand or suspension or revocation of my professional license."*

Signature of Employee: _____ Date: ____/____/____

Name (print): _____

HISC/HIHC Representative: _____