



San Diego Nursing Service-Education Consortium

Annual Seasonal Influenza Immunization Declination 2016-2017

All healthcare personnel who choose not to receive influenza vaccination must complete the following.

Influenza vaccination is a primary means for preventing influenza. Influenza vaccination is recommended for persons at increased risk for complications of influenza and for those who can spread influenza (e.g. healthcare personnel) to those at risk for complications of influenza.

I have declined to receive the influenza vaccine for the reason stated below. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community. **I also understand that, based on individual clinical site regulations, I may be unable to participate in a clinical assignment.**

I understand if allowed at the clinical site my name badge will be marked and I will be required to purchase and wear a surgical mask during all hours in the assigned clinical facility. When moist, this mask will require changing during my assigned shift. My clinical instructor will be required to monitor I am always wearing the mask.

*I have read the above and during the 2016-2017 influenza immunization period I choose to **decline** influenza vaccination (initial)_____. **Please check reason for declining below.***

Name (print) _____

Signature _____ Date _____

Your reason for abstaining will be kept confidential.

I choose to decline the influenza vaccine because (check all that apply):

- 1) ____ Medically, I have an order from my Physician to not be vaccinated for influenza
- 2) ____ I have religious objections to receiving the influenza vaccine.