



*San Diego Nursing and Allied Health
Service-Education Consortium*

Annual Seasonal Influenza Immunization Declination 2024-2025

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.**

In addition to the COVID-19 clinical requirements, I understand that **if** I am allowed to be at the clinical site, my name badge will be marked and I will be required to 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 that I am always wearing the mask.

*I have read the above and during the 2024-2025 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 2024-2025 influenza vaccine because (check all that apply):

- 1) _____ Medical reason. I have an order from my Physician to not be vaccinated for influenza and will provide it upon request.
- 2) _____ I have religious objections to receiving the influenza vaccine.