

# *Flu Declination Form*

## *Inland Empire Healthcare Education Consortium*

My school or affiliated health facility, \_\_\_\_\_, has recommended that I receive influenza vaccination to protect the patients I serve. I acknowledge that I am aware of the following facts:

1. 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.
2. Influenza vaccination is recommended for me and all other health care workers to protect our patients from influenza disease, its complications, and death.
3. If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
4. If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
5. 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.
6. I understand that I cannot get influenza from the influenza vaccine.
7. 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:
  - a. my patients and other patients in the health care setting
  - b. my coworkers
  - c. my family
  - d. my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reason(s):

- Have already had the flu shot and provided flu vaccination documentation
- Allergy to egg or related products with healthcare provider documentation
- Allergy to preservative in vaccine with healthcare provider documentation
- Religious reasons
- Have had documented Guillain-Barre or other medical conditions that preclude the employee/HCP from receiving the vaccine
- Other (with write in option) \_\_\_\_\_

I understand that I can 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.

I further understand that the information contained on this form shall be treated as part of my confidential medical record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Department: \_\_\_\_\_

Students and instructors must submit a note from their healthcare provider when declining flu. The facility holds the right to refuse students and instructors who did not obtain an updated seasonal flu vaccine. Facilities have the right to require actual proof of flu documents with lot number information and expiration dates. Students and instructors who decline might be asked to wear a mask.

References:

- <https://www.cdc.gov/flu/prevent/whoshouldvax.htm>
- [https://www.jointcommission.org/-/media/tjc/documents/resources/hai/flu\\_monograph.pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/hai/flu_monograph.pdf)

*Adapted from CDC. Prevention and Control of Influenza with Vaccines—Recommendations of ACIP at [www.cdc.gov/flu/professionals/acip/index.htm](http://www.cdc.gov/flu/professionals/acip/index.htm)*

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