INFLUENZA VACCINE CONSENT/DECLINATION

Name: _____________________________________  Date: _______________________

Program: ___________________________________

I have had a flu shot as documented by the information below:
Clinic where vaccinated __________________________________________________________________
Date vaccinated ________________________________________________________________________
Manufacturer and lot number_____________________             Dose and Site_______________________
Signature of provider ____________________________________________________________________

I decline the vaccination: please complete the following section

Influenza Vaccine Declination
Written declination is required by California Senate Bill No. 739 as of 2007

I acknowledge that I have been made aware of the following facts:
√ Influenza is a serious disease that kills an average 36,000 Americans each year
√ Influenza virus may shed for up to 48 hours before symptoms appear, allowing unknown transmission to others
√ 30% of individuals may have no symptoms, allowing unknown transmission to others
√ Flu virus changes often and requires annual vaccination
√ Flu vaccine cannot transmit disease but does not prevent all disease
√ I decline to receive the vaccine for the ________ season
√ Influenza vaccine is recommended by the CDC for all healthcare workers to prevent disease transmission
√ Spread of influenza may cause harm/death to my fellow healthcare workers, family members and patients

Knowing these facts I choose not to be vaccinated at this time and understand the information presented in this form.

Print name : _____________________________________
Signature: _____________________________________

I decline the vaccination for the following reason(s). Check all that apply.

□ I will get the flu if I get the shot
□ I am allergic to the vaccine
□ I do not like needles
□ My philosophical or spiritual beliefs prohibit vaccination
□ I have a medical contraindication to receiving the vaccine
□ I do not wish to discuss my reasons for declining the vaccine
□ Other reasons for declining you wish to discuss____________________________________________