



Declination of Influenza Vaccination

PRINT NAME _____ **Date of Birth** _____

I HAD THE INFLUENZA VACCINE AT: _____ (Location and Date)

I DO NOT WANT THE FLU VACCINE:

I acknowledge that I am aware of the following facts:

- influenza is a severe respiratory disease that kills; Each year in the United States, Influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- influenza virus may shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others. The influenza virus often changes, making annual vaccination necessary. Immunity following vaccination takes 2 weeks to develop. In Illinois, influenza usually begins circulating in October and continues through March or April.
- I understand that the Influenza vaccine cannot transmit influenza and does not prevent all diseases.
- However, influenza vaccination is essential during the SARS-CoV-2 pandemic.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later. I have read and fully understand this declination form. I decline vaccination for the following reason(s). Please check all that apply.

- A. Personal or religious beliefs prohibit vaccination.
- B. I have an allergy or medical contraindication in receiving the vaccine.
- C. Prepare not to answer
- D. Other reason _____

Because I have refused vaccination for influenza, I have been advised to protect the safety of the client and myself during this flu season, and I will be required to wear a mask in areas of my clients may be present during the influenza season.

If I later decide to become vaccinated, I acknowledge that I may receive the vaccine through a pharmacy, local county services, or healthcare provider at my own expense.

I have read and fully understand the information on this declination form. Knowing these facts, I DO NOT want the vaccination as recommended and choose to decline at this time.

Employee Signature _____ Date signed _____