



**LETTER OF DECLINATION**  
**(Influenza Vaccination)**

I, \_\_\_\_\_ (Employee Name), understand that I may be at risk of acquiring Influenza Infection. I have been given the opportunity to be vaccinated with Influenza vaccine, at no charge to myself. However, I decline Influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Influenza Infection. If in the future I want to be vaccinated with Influenza vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Personnel Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Printed Name

\_\_\_\_\_  
Title