



Vital Health Staffing LLC
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Flu Vaccine Declination Form

Employee Name (Print): _____ Position: _____

I understand that **some facilities where I may be assigned, including those regulated by the Centers for Medicare & Medicaid Services (CMS), require an annual influenza (flu) vaccination** for healthcare personnel.

I acknowledge that:

1. I have been given the opportunity to receive the influenza vaccine at no cost to me.
2. If I am unvaccinated, I may not be eligible for certain assignments where vaccination is required.
3. I may be required to follow additional safety measures in certain facilities.

By signing below, I decline the influenza vaccination for the current flu season.

Employee Signature: _____ Date: _____

Reviewed By (VHS Staff): _____ Date: _____