



Declination of Influenza Vaccination

My employer, Sharp Educators, has recommended that I receive influenza vaccination to protect the children I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. In California influenza usually begins circulation in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.

Despite these facts, I am choosing to decline the influenza vaccination.

I understand that I can change my mind at any time and accept influenza vaccination, if the vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Name (Print) _____