



2023-2024 Employee Declination of Influenza Vaccination

Name _____ Job Title _____

Date of Birth _____ Clinic Location _____

I have received information from my employer about the Influenza vaccine. My employer recommends that I receive influenza vaccination to protect myself, patients, staff, and others in the healthcare facility. I acknowledge that I am aware of the following facts (please read and check each box):

- Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- Influenza vaccination is recommended for me and all other healthcare personnel to protect our staff and our patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear. Even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others. During the time I shed the virus, I can transmit influenza to patients and staff in this facility.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- I understand that it is impossible to get influenza from influenza vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers and all patients in this healthcare facility.
- I have been given the opportunity to be vaccinated with Influenza vaccine, at no charge to me. However, I decline Influenza vaccine at this time. If in the future, I want to be vaccinated with Influenza vaccine, I can receive the vaccination series at no charge to me.

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

- I understand that **I will be required to wear a mask at all times** (except while eating or drinking) upon entry to any NOAH facility, including Dreamy Draw Admin Building, for the duration of the influenza season (**September 6 – May 1st**).

Employee Signature

Date

Supervisor Signature

Date