

**Austin Community College**  
**Health Sciences**  
**Declination Form for Seasonal Influenza Vaccine**

Name (printed): \_\_\_\_\_ Program: \_\_\_\_\_

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

The clinical affiliates require that I receive influenza vaccination in order to protect myself and the patients I serve.

**I acknowledge that I am aware of the following facts:**

- Influenza is a serious respiratory disease that kills an average of 36, 000 persons and hospitalizes more than 2000,000 persons in the United States each year.
- Influenza vaccine is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I become infected with influenza, I will shed the virus for 24-48 hours before influenza symptoms appear.
- Even when my symptoms are mild or I have no symptoms, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact due to possibly spreading the flu, including:
  - Patients and visitors in this healthcare setting
  - My coworkers and healthcare workers
  - My family
  - My community

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

I am declining because:

\_\_\_\_ Medical reason\* \_\_\_\_\_

\_\_\_\_ Religious beliefs \_\_\_\_\_

\*Medical reason must be accompanied by a physician's note.

I understand that if I decline the influenza vaccine, my clinical duties may cause me to infect patients or to become infected. I may be required to wear a surgical mask for the duration of my shift as early as November 1, 2011. Failure to wear a surgical mask during duty may result in disciplinary action up to and including termination.

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

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

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date