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**INFLUENZA (FLU) VACCINATION FORM**

**Employee Acknowledgment**

I have received information about the influenza vaccine, including its efficacy, safety and benefits and have had the opportunity to ask questions regarding the vaccine. I understand that my employer cannot require me to get a flu vaccine as terms of my employment however, they may ask that I wear a mask while providing care even if I have no symptoms of illness. I acknowledge that I attended the influenza campaign presentation and 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
* Influenza vaccination is recommended for me and all other healthcare workers to protect this facility’s patients from influenza, its complications, and death
* The vaccine is provided free of cost to me
* If I am infected with influenza, I can shed the virus for 24 hours before influenza symptoms appear; my shedding the virus can spread influenza to patients in this facility who may be at risk of complications
* If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent
* 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 each year
* I understand that I cannot get influenza from the influenza vaccine
* The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
	+ All patients in this healthcare facility
	+ My coworkers
	+ My family
	+ My community

I am choosing to be vaccinated for influenza today / decline influenza vaccination today for the following reason:

I choose to be vaccinated today

I received immunization at another site; Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I decline this vaccine for non-medical reasons

I decline this vaccine due to an active medical condition that contraindicates administration of the flu vaccine

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available. I have read and fully understand the information on this declination form.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCE**

Centers for Disease Control & Prevention. [Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices](http://www.cdc.gov/flu/professionals/acip/index.htm).