



## Flu Declination Form

www.columbiastate.edu

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I understand that I might be at risk of getting influenza and it is recommended that I receive influenza vaccination in order to protect myself, my patients, my family, and my community.

I am aware and acknowledge the facts below:

- Influenza is a serious respiratory disease that kills on average 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and other healthcare workers to prevent the spread of influenza disease and its complications, possibly even death.
- Should I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients, family, and community.
- If I become infected with influenza, even with mild symptoms, I can spread severe illness to others.
- I understand different influenza vaccines are recommended yearly due to the strains of virus causing influenza infection changing almost every year.
- I understand that I cannot contract influenza disease from the influenza vaccine.
- I understand in my refusing to be vaccinated I could endanger my health, the health of my patients, family, coworkers, and community.

I understand that influenza vaccine is considered safe and effective. However, I refuse influenza vaccine at this time. I understand that by not getting the vaccine I might get influenza and that I can even pass the disease on to my patients and family.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Class: \_\_\_\_\_

Reason for Refusal: **(a reason MUST be given)**

- Severe egg allergy    Previous reaction to influenza vaccine    Fear of illness from vaccine
- Don't believe in vaccines    Other: \_\_\_\_\_