



## **Declination of Seasonal Influenza Vaccine**

Fast Response School of Health Care Education recommends that all students receive a seasonal influenza vaccination in order to protect themselves. I am aware of the following facts:

- Seasonal Influenza is a serious respiratory disease that kills an average of 36,000 Americans per year.
- Influenza virus may be shed up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with seasonal influenza have no symptoms, allowing transmission to others.
- If I become infected with seasonal influenza, I may spread virus that causes severe illness in others.
- Seasonal influenza vaccine is recommended for all other health care workers to prevent influenza disease and its complications and to prevent transmission to patients.
- The seasonal influenza vaccine cannot transmit influenza and does not cause the “flu”.
- If I am vaccinated, I will have a lower likelihood of acquiring seasonal influenza during the flu season.
- Repeat vaccinations each year is needed since immunity after vaccination declines over several months and the strains of influenza in the vaccine are changed frequently.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those I have contacted with including
  - Patients
  - Co-workers
  - Family
  - Other in the community

Despite the facts, I am choosing to decline seasonal influenza vaccination for the current season at this time. I acknowledge that the seasonal influenza vaccine is recommended by the Centers for Disease Control and Prevention (CDC) for all healthcare personnel to prevent infection from and transmission of influenza and its complications, including death, to my patients, my coworkers, my family and the community. I understand that I can change my mind at any time and accept the influenza vaccine (if vaccine is still available).

I also understand that a separate vaccine is needed to protect against swine flu (H1N1).

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

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*Name (print)*

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*Signature*

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*Date*