



Influenza Vaccination Acknowledgement and Waiver 2021

Instructions:

By signing this form, you acknowledge that:

- You understand that influenza is a serious respiratory disease that kills thousands of people and causes hundreds of thousands of hospitalizations annually in the United States.
- Symptoms of influenza can be mild or non-existent and you can spread influenza up to 24 hours before symptoms appear.
- Due to your occupational exposure to potentially infectious patients you may be at risk of acquiring influenza. Therefore, influenza vaccination is recommended for all healthcare personnel to protect our facility's staff and patients from influenza.
- Strains of the virus that cause influenza infection change almost every year and immunity declines over time, so vaccination is recommended every year.
- You have been given the opportunity to be vaccinated with influenza vaccine at no charge.

PLEASE SELECT ONE OPTION:

☐ **Vaccination at BMC** – I will get my vaccination at BMC. I acknowledge that the vaccine will need to be documented in NextGen and that I have or will create a BMC chart. I also understand that my insurance will be billed for this vaccine, but I will not incur any out of pocket costs. Vaccine information sheet to be reviewed and vaccine details completed (back of this form). ***Employees who need high dose or egg-free must work with Carole Adler to get vaccine!**

☐ **Outside vaccination** – I prefer to get my vaccination outside of BMC. I understand that I MUST submit a record of my vaccine **no later than October 31, 2021.**

☒ **Declination waiver**

I understand that due to my occupational exposure potentially infectious patients I may be at risk of acquiring Influenza infection. I have been given the opportunity to be vaccinated with influenza vaccine at no charge to myself. However, I decline influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza. If in the future I continue to have occupational exposure to potentially infectious patients and I want to be vaccinated with influenza vaccine, I can receive the vaccination at no charge to me.

I also acknowledge that by waiving an influenza vaccination, I agree to comply with the BMC influenza vaccination policy. I understand that I will be required to wear a procedure facemask during influenza season (November 1 through March 31) when in direct contact with patients and when in common areas such as waiting areas, entry ways, elevators, public restrooms, hallways and the pharmacy.

Job Title/Department _____ REP II / BO _____

Location _____ BRDWY _____

Print Name _____ Shole Afsar _____

Date of Birth _____ 05/04/1960 _____

Signature _____ *Shole Afsar* _____

Today's Date _____ 09/21/2021 _____