

Declination and Education Form for Influenza Vaccination

REQUIRED FOR HEALTH CARE PERSONNEL TO INCLUDE ALL CRMC EMPLOYEES, VENDORS, VOLUNTEERS, TRAINEES, STUDENTS AND CONTRACT EMPLOYEES

- I understand that due to my occupational exposure, I am at risk of acquiring influenza infection. In addition, I may spread influenza to my patients and other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications.
- Vaccination is associated with reductions in influenza-related respiratory illness, physician visits among all age groups, hospitalization and death among persons at high risk, otitis media among children, and work absenteeism among adults.
- I have received education about the effectiveness of influenza vaccination as well as the adverse events. I have also been given the opportunity to be vaccinated with influenza vaccine. However, I decline influenza vaccination at this time. **I understand that by declining this vaccine, I continue to be at risk for acquiring influenza, potentially resulting in transmission to my patients. Further, I understand that I must wear a proper fitting (covering nose and mouth) hospital approved surgical mask while in areas where patients are present through March 31, 2026. This time period may be extended with ongoing high rates of local transmission.**
- Infection Prevention measures include washing your hands for 20 seconds after touching common surfaces, avoid touching your face, cover your cough, clean surfaces often and stay home if you are sick.

Name: _____ Department/School: _____

DOB: _____ Today's Date: _____

I am declining this vaccine due to:

☐ Medical history of Guillain-Barré within 6 weeks of a flu shot or allergy to flu vaccine or components of the vaccine.

☐ Religious: _____

☐ Personal Choice (please explain): _____

☐ Already Received Elsewhere: Where vaccinated: _____ (proof must be attached)