



Whitson-Hester School of Nursing

TENNESSEE TECH

INFLUENZA VACCINE DECLINATION & ATTESTATION FORM

Pages 1 & 2 must be completed in their entirety. Page 3 or 4 must be completed based upon which reason for declination is given.

I _____, have read the [Vaccine Information Statement: Influenza Vaccine: What You Need to Know](#) published by the Centers for Disease Control and Prevention and understand the purpose and benefits of this vaccine, the potential side effects of this vaccine and the risk of not getting vaccinated.

I _____, understand that a hospital, clinic or similar medical treatment facility may exclude me from clinical placement on the basis of failure to meet their required vaccination status. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation.

REASON FOR DECLINATION: (PLEASE CHOOSE ONE)

- ☐ Medical declination for severe allergy (The Medical Exception Form must be completed and returned to WHSON.)
- ☐ Religious declination for conflict (The Religious Accommodation Form must be completed and returned to WHSON.)

DECLINATION STATEMENT:

I understand that due to my occupational exposure I may be at risk of acquiring infection. In addition, I may spread influenza to my patients, other healthcare workers, and my family, even if I have no symptoms. I have received education about the effectiveness of the 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 of acquiring influenza, potentially resulting in transmission to my patients. If in the future I want to be vaccinated with influenza vaccine, I will need to discuss this with my healthcare provider. If I am then vaccinated, I agree to supply that documentation to Tennessee Tech University's Whitson-Hester School of Nursing.

Student Signature

T Number

Date



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ATTESTATION STATEMENT:

I _____, attest that I will wear a mask anytime I am providing care for a patient for the duration of the influenza season (as identified by the facility of clinical placement) if I do not receive the influenza vaccination.

Student Signature

T Number

Date



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MEDICAL EXCEPTION FORM

Please print the following information:

Student Name: _____

Student Email: _____

T Number: _____

Date of Birth: ____/____/____

DEAR PHYSICIAN:

Tennessee Tech University Whitson-Hester School of Nursing requires influenza vaccination similar to other required vaccinations such as MMR and Hep B. For decades, influenza vaccinations have been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. The above named employee is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications. Please complete the form below. Should you have any questions, please contact Whitson-Hester School of Nursing at 931-372-3203. Thank you.

The above employee should not be immunized for influenza for the following reason:

- ☐ History of previous severe allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine (including egg allergies).
- ☐ History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide a detailed narrative that describes the event.

I certify that _____ has the above contraindication.

Physician Signature: _____ Date: _____



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RELIGIOUS ACCOMMODATION FORM

Tennessee Tech University and the Whitson-Hester School of Nursing are committed to diversity and inclusiveness of all our students. To submit a religious influenza vaccination requirement accommodation, please provide the following information:

Student Name: _____ Date of Birth: ____ / ____ / ____

Student Email: _____ T Number: _____

Tennessee Tech University Whitson-Hester School of Nursing requires influenza vaccination similar to other required vaccinations such as MMR and Hep B. For decades, influenza vaccinations have been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. Whitson-Hester School of Nursing recognizes exemptions to annual influenza vaccination for sincerely held religious beliefs. The individual identified above is requesting exemption from influenza vaccination requirement for religious reasons. Provision of the following information is being required for any student requesting a religious exemption.

To receive an exemption to the influenza vaccination, a religious leader must provide a statement detailing the religious beliefs that prevent the student from receiving the required vaccination. In the space provided below, please state the religious grounds for influenza vaccination exemption:

If additional space is needed, attach additional page(s).

Signature of Individual Providing Statement: _____

Title: _____ Date: _____