PALOMAR HEALTH

Seasonal Influenza Vaccination
STUDENT DECLINATION

Name (print): _____

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the current flu season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for healthcare personnel in order to prevent infection from and transmission of influenza and its complications including death, to patients, coworkers, my family, and my community.

My signature below acknowledges I am aware of the information contained on this form and that I choose to decline vaccination at this time. I understand if I decline influenza vaccination I will be required to wear a surgical type mask while in any Palomar entity patient care area and areas designated by Palomar Health administration. I also understand I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

I am declining influenza vaccine because (please check one):

1. _____ I believe I will get influenza if I get the vaccine
2. _____ I do not like needles
3. _____ My religious beliefs prohibit vaccination
4. _____ I request medical exception (have severe allergy to eggs or vaccine components or have had Guillian-Barre Within six (6) weeks of receiving an influenza vaccine)

Signature: _____ **Date:** _____