



San Diego Nursing Service-Education Consortium

Annual Seasonal Influenza Immunization Declination 2011-2012

All healthcare personnel who choose not to receive influenza vaccination must complete the following.

Influenza vaccination is a primary means for preventing influenza. Influenza vaccination is recommended for persons at increased risk for complications of influenza and for those who can spread influenza (e.g. healthcare personnel) to those at risk for complications of influenza.

I have declined to receive the influenza vaccine for the reason stated below. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community. I also understand that, based on individual clinical site regulations, I may be unable to participate in a clinical assignment.

*I have read the above and during the **2011-2012** influenza immunization period I choose to **decline** influenza vaccination (initial) _____ . **Please check reason for declining below.***

Name (print) _____

Signature _____ Date _____

All information will be kept confidential.

I choose to decline the influenza vaccine because (check all that apply):

- 1) ____ I do not think I will get influenza illness
- 2) ____ I believe the vaccine will cause influenza or other illness
- 3) ____ I don't like needles
- 4) ____ I have had a prior adverse reaction to influenza vaccination
- 5) ____ Medically, I have been advised not to be vaccinated for influenza
- 6) Other reasons (describe) _____