

2015-2016 INFLUENZA VACCINE EXCLUSION/DECLINATION FORM

Employee Name: _____ DOB: _____

Department: _____ Job Title: _____

Application for Exclusion

QUESTION	YES	NO
Have you ever had a severe (life threatening) allergic reaction to any component of the vaccine, including egg or egg protein or to a previous dose of any influenza vaccination? <i>If yes, verification from your physician must be signed below.</i>		
Do you have a history of Guillain–Barre Syndrome (a severe paralytic illness, also called GBS) that has occurred within 6 weeks of receipt of a prior influenza vaccine? <i>If yes, verification from your physician must be signed below.</i>		
Receiving the influenza vaccine is against by religious beliefs. <i>If yes, documentation from your clergy on letterhead stationary that supports the exclusion must be attached to this form.</i>		

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOUR PHYSICIAN MUST SIGN THE WAIVER BELOW*

I am not eligible to receive the influenza vaccine based on the reason(s) that I have indicated above. **I understand that I will be required to wear a facemask at all times in patient care areas during the flu season.** The required physician verification or documentation is attached.

SIGNATURE: _____ DATE: _____

Waiver Required if exclusion is for medical reasons:*Employee's Physician Statement**

I certify that _____ is under my care and the information checked above (regarding reason for
(Employee's Name) **not receiving vaccination**) is correct.

Physician's Signature: _____ Date Signed: _____

Print physician's name: _____ Phone Number: _____

DECLINATION

I acknowledge that I am aware of the following facts:

- **I will be required to wear a facemask at all times while on duty during the flu season.**
- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- I can be infected by the influenza virus, but not feel ill and pass the virus to vulnerable patients who are at risk of complications or death from influenza. I can pass the virus to my family, friends and co-workers.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.

Despite these facts I am choosing to decline influenza vaccination right now for the following reasons:

- ☐ Fear of needles/injections
☐ Fear of side effects
☐ Fear of getting influenza illness from the vaccine
☐ Other: _____

Employee Signature: _____

Date: _____