

INFLUENZA VACCINATION CONSENT/DECLINATION

I understand that due to my duties I may be exposed to the Influenza Virus. I acknowledge that the agency has provided me with information regarding influenza and the influenza vaccination. I have had the opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccination. I acknowledge that the agency can provide information about resources available to receive the influenza vaccine. It is my decision to (initial applicable response):

_____ Request that I receive the Influenza Vaccine and I received a list of available vaccination sites from the agency.

_____ I have already received the vaccination. Documentation provided.

_____ Yes _____ No

_____ Refuse the Influenza Vaccine at this time. I understand that by declining this vaccine, I continue to be at risk for Influenza. I hold the agency harmless if I am exposed.

Reasons for Refusal (initial applicable response)

_____ Allergy to eggs

_____ Medical contraindication to receiving the vaccination

_____ Previous severe weakness/allergic reaction to vaccine

_____ My beliefs prohibit vaccination

_____ Do not wish to indicate why decline

_____ Other

Name, Printed

Signature

____/____/_____
Date

Witness Name, Printed

Signature

____/____/_____
Date