

### 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