**Flu/ Influenza Immunization Declination Statement**

I understand that due to my occupational/nursing clinical exposure to transmissible diseases, I may be at risk of acquiring the virus for influenza, and/or I may inadvertently put patients, staff, and providers at risk due to my communicability (<http://www.cdc.gov/flu>). I am aware of the vaccination requirements against these diseases or pathogens. However, I decline this vaccination at this time.

I understand the following:

By declining this vaccine, I must adhere to agency protocol for flu declination which may include a requirement to wear a mask while in clinical areas at all times or may restrict my access to certain facilities.

I have the right to be vaccinated at any time and can recall this declination by providing proof of vaccination through my Venduur account.

I acknowledge that I am aware of the following facts:

* Influenza is a serious respiratory disease; on average, 34,000 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.
* The influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months.
* I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
* Influenza vaccination is recommended by the Centers for Disease Control
* Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.
* Prevention of and reduction in the severity of influenza illness and reduction of outpatient visits,   
  hospitalizations, and intensive care unit admissions through influenza vaccination also could alleviate   
  stress on the U.S. health care system.
* Influenza vaccination is especially important during the SARS-CoV-2 pandemic.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_