

El Rio Health Center, Inc.
Employee Declination of Influenza Vaccination

El Rio Health Center, Inc. has recommended that I receive the influenza vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:

- 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.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- 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.
- I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including
 - Patients in this healthcare setting
 - My coworkers
 - My family
 - My community

Despite these facts, I am choosing to decline influenza vaccination right now. I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available. I have read and fully understand the information on this declination form.

Reasons I do not wish to take the vaccine – please check all that apply:

- I don't believe in vaccines for religious reasons
- I am concerned about side effects
- I don't believe this vaccination is important – I never get the flu
- Fear of needles
- Inconvenient – please explain how we can improve service: _____
- Received elsewhere – please note where: _____
- Other – please explain: _____

Name (print): _____ Title: _____ Date: _____

Department: _____ Signature: _____

(Please print document to apply handwritten signature)