



EMPLOYEE VACCINATION DECLINATION

I, _____, have been offered the current influenza vaccine by
(Print your name here)

LifeLong Medical Care.

I understand that:

- Influenza strains change every year and an immunization received in prior years does not usually provide immunity to this year's influenza viruses.
- The influenza vaccine takes about two weeks to reach maximum protection. The vaccine may not decrease my risk of contracting influenza during that time.
- The vaccination will not cause "the flu", but I may experience some mild flu-like symptoms.
- Declining the influenza vaccine may increase the risk of influenza to myself, my family, and to patients in my care.
- If I am not vaccinated, I will be required to wear a mask at all times while I am working in any LifeLong clinic between November 1 and March 31 each year regardless of contraindications for immunization.

Please select one of the following:

I wish to decline the influenza vaccine even though I have no contraindication to receiving it. I understand that I can change my mind at a later time and accept vaccination if the vaccine is available.

I am declining the influenza vaccine because it is contraindicated for me due to:

Verified by _____

I have read and fully understand this form:

Signature

Date

Clinic(s)

Be Energized... Get Immunized... Your patients count on you!

October 2017

Influenza Vaccine Declination Form 2017
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