

**Blessing Health System
INFLUENZA VACCINATION DECLINATION**

Inactivated Influenza Vaccination: Effective Annually - Indicated September- March

Please print name as it is in your employee records. If not an employee, print first, middle and last name.

Name _____ Birth date: _____

Volunteer Employee Students Other (specify) _____

Employee ID # _____

Dept. name/# _____ Work extension/ day phone # _____

The purpose of Influenza Vaccination is to prevent transmission of illness from staff, volunteers, and students to patients, co-workers and members of the community at large. Vaccination can reduce the risk of influenza-like illness complications, including death, among persons at high risk and prevent health-care associated influenza outbreaks.

Note: for Women who are Pregnant or Breastfeeding: The CDC recommends influenza vaccine for women who will be pregnant or breast-feeding during the influenza season. Check with your physician if you have concerns and/or check this website: <http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf>) for more information.

Immune status: Radiation therapy, chemotherapy or steroid therapy (except inhaled) may decrease the effectiveness of influenza vaccine but are not contraindications to receiving it.

Contraindications:

- Yes No
 Yes No
 Yes No
 Yes No

Have you ever had an anaphylactic reaction to the influenza vaccine.
Are you allergic to latex, eggs or egg products or thimerosal (a preservative)?
Have you ever had Guillain-Barre Syndrome within 6 weeks/months of influenza vaccination.
Current health status – are you without fever today?

Reason for Declination:

- I am not able to receive the flu shot due to contraindication 1-3 above.
 I am not able to receive the flu shot today because I have an acute illness but I may re-evaluate later and may be able to take the vaccine at that time.
 I do not wish to have the influenza vaccination given to me. I realize that my refusal of it may put myself, patients, visitors, and family with whom I have contact, at risk should I contract the flu. These are my reasons for declining the flu vaccine (Please check all the following that apply)
 a. Fear of side effects b. Fear of injections c. Fear of getting influenza from the vaccine
 d. Other, specify: _____

During periods of Regional or Widespread Influenza activity, persons who have not been immunized will be required to wear an isolation mask whenever they are within 3 feet of any other person as required by the BCSIC.006 policy.

Adult/Employee Signature _____ Date: _____