

Declination of Influenza Vaccination

Sarasota Memorial Health Care System has recommended that I receive the influenza vaccination in order to protect 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 health care setting
- * My co-workers
- * My family
- * My community

Despite these facts, I am choosing to decline the influenza vaccination right now. I understand that I may change my mind at any time and accept the influenza vaccination, if vaccine is available.

I have read and fully understand the information on this declination form.

Name (print): _____ Dept: _____
Date: _____

Please check reason for declining flu vaccine:

- | | |
|--|--|
| <input type="checkbox"/> I will get the flu from the vaccine | <input type="checkbox"/> I am too busy to get it |
| <input type="checkbox"/> Afraid of needles | <input type="checkbox"/> I only work weekends |
| <input type="checkbox"/> I may get Guillain-Barre from the vaccine | <input type="checkbox"/> Received vaccine elsewhere |
| <input type="checkbox"/> I never get the flu | <input type="checkbox"/> Religious reasons |
| <input type="checkbox"/> I am allergic to eggs | <input type="checkbox"/> I don't believe the vaccine works |