

SEASONAL FLU (influenza)



It is the recommendation of the CDC that ALL healthcare personnel should receive annual vaccination against influenza.

The recommended vaccination schedule for healthcare personnel is:

1. Receive one (1) doses of influenza vaccine annually.

Please send proof of your most current annual seasonal flu vaccination (preferably within the last 12 months) and complete the attestation/declination statement below:

SEASONAL FLU VACCINE DECLINATION/STATEMENT

I decline to accept the influenza vaccine. I understand that if I am refusing to be vaccinated, I could endanger my health, the health of my family and loved ones, and the patients with which I may make contact. I am declining the vaccine for the following reason(s): *Please check all that apply.*

I have a contra-indication to receiving the vaccine and/or my physician has advised me not to be vaccinated.

I do not believe the vaccine is necessary or will prevent me from getting the flu.

Other: _____ OR

I am sending proof of vaccination (completed within the last 12 months):

NAME:

SIGNATURE:

DATE: