

## INFLUENZA DECLINATION FORM

P-07

Barren River District Health Department has recommended that I receive the Influenza vaccination in order to protect myself and the patients that 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 US 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 the healthcare setting, my coworkers, my family and my community.

Despite these facts, I am choosing to decline the influenza vaccination right now. I hereby release the Barren River District Health Department from any and all liability incurred by my refusal to be immunized.

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.

Employee Signature

Date

Witness Signature

Date