

2017-18 Western Massachusetts Standardized Influenza Declination Form

Participating Nursing Schools: American International College, College of Our Lady of the Elms, Holyoke Community College, Greenfield Community College, Springfield Technical Community College, University of Massachusetts Amherst, Westfield State University

By signing below, I acknowledge that I am aware of the following facts:

1. 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.
2. Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
3. If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
4. If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
5. 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.
6. I understand that I cannot get influenza from the influenza vaccine.
7. The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including my patients and other patients in this healthcare setting, my coworkers, my family, my community.
8. I have been given the opportunity to be vaccinated at no charge.
9. There are 3 formulations available:
 - The inactivated Intramuscular Influenza Vaccine
 - The inactive Intradermal for ages 18-64
 - The egg free Flublok influenza vaccine for ages 18-49

Despite these facts, I am choosing to decline influenza vaccination right now. I understand that any employee who declines the flu vaccine must sign this form stating the specific reason for declination because employers must report these to the CDC (in a non-identifiable way). I understand that if I decline the flu vaccine and am working in an area where patients receive care, employers will require a mask.

My reason for not receiving the vaccine is:

___ I have a medical contraindication to vaccination or am allergic to a vaccine component.

___ I am concerned about possible side effects or that the vaccine will make me ill.

___ I do not believe I am at risk of contracting or transmitting influenza.

___ I do not believe the vaccine is effective.

___ I have a fear of needles.

___ I object for religious reasons.

___ Other (Please specify): _____

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is available

Name (Print): _____ Signature: _____

School: _____ Matriculation Date: _____

Date of Birth: _____ Department: _____ Date: _____

If you are not an employee, what is your role? Student () Volunteer () Other ()

Reference: CDC. Prevention and Control of Influenza with Vaccines—Recommendations of ACIP at www.cdc.gov/flu/professionals/acip/index.htm

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