



SCHOOL OF NURSING

Influenza Vaccine Declination Form

Full Name: _____ Student Faculty

Signature: _____ Date: _____

I decline the influenza vaccine due to medical reasons.

I attest that the information provided on this waiver is true to the best of my knowledge. I understand that I am obligated to wear a mask according to agency policy while working in a patient care area when there is the presence of influenza in the community as defined by the Public Health Department or by the Hospital Infection Control Department.

I understand the following risks of declining the influenza vaccination.

- If I contract influenza, I will be contagious for 24-48 hours before influenza symptoms appear, and I can spread flu disease to patients and others.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause flu infection change almost every year, which is why a different flu vaccine is recommended each year.
- I understand I cannot contract influenza from the influenza vaccine.
- 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 patients in the clinical setting; students and faculty; my family; and my community.
- In the absence of certain vaccinations, my opportunities for clinical placements may be restricted and I will comply with clinical site requirements.

----- **BELOW SECTION - TO BE COMPLETED BY HEALTHCARE PROVIDER** -----

Name (Printed): _____ Phone: _____

Signature: _____ Date: _____

I, _____ certify that the above patient is under my medical care and should be exempt from receiving the influenza vaccination due to medical reason(s) noted below:

Severe allergic reaction to eggs. Date of reaction: _____

- Defined as developing hives, swelling of the lips or tongue, difficulty breathing
- Does not generally result in only gastro-intestinal symptoms
- The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating lightly cooked egg, such as a scrambled egg, can generally tolerate the influenza vaccine.

History of previous severe allergic reaction to the influenza vaccine or component of the vaccine.

Date of reaction: _____

- Defined as developing hives, swelling of the lips or tongue, difficulty breathing
- Does not include sore arm, local reaction or subsequent upper respiratory tract infection

History of Guillan-Barre syndrome within six (6) weeks of receiving a previous vaccine.

Date of reaction: _____

Other - Please describe: _____