STUDENT
HEALTH SERVICES
UNIVERSITY OF THE PACIFIC

DECLINATION FORM FOR SEASONAL INFLUENZA VACCINE

Print Name:_____ Pacific ID:_____

Birth Date: _____Program/Major/Department: _____

University of the Pacific has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

I DO NOT WANT THE INFLUENZA VACCINATION:

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. [While seasonal influenza outbreaks can happen as early as October, most the time influenza activity peaks between December and February.]
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the _____ season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I am declining due to the following reasons:

☐ I have an allergy or medical contraindication to receiving the vaccine.
☐ Other reason – explain: _____

I understand that if I choose to decline the vaccine:

- this could impact my access to extramural sites since some do require it (Follow up with program coordinators).
- I have been advised that in order to protect the safety of my patients and myself during this flu season I *must meet all requirements for mask protection while at the clinical site*.
- I will assume all additional responsibilities and costs associated with the placement and completion of my experiential coursework. Additional costs could include the cost associated with being fitted for special masks and the actual masks.

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

_____ _____
Signature Date