

# SAMPLE FLU VACCINATION DECLINATION FORM

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Unit/Program**

**I have been offered Influenza Vaccination this season. I choose not to be vaccinated for the following reason(s):**

\_\_\_\_\_ **I have already been vaccinated by my primary care provider or other healthcare agency**

\_\_\_\_\_ **I am concerned that the vaccine may make me ill.**

\_\_\_\_\_ **I am concerned that I will get the flu if I take the vaccine.**

\_\_\_\_\_ **I am currently ill (with a fever).**

\_\_\_\_\_ **I have a medical reason for not taking the vaccine. (Allergy to eggs or vaccine)**

\_\_\_\_\_ **I don't believe the vaccine protects people.**

\_\_\_\_\_ **I don't like getting injections.**

\_\_\_\_\_ **I never get sick.**

\_\_\_\_\_ **Other: \_\_\_\_\_**

**I understand that in the event there is an influenza outbreak on one or more of the units:**

- **I may spread influenza to my family and/or to other staff and patients**
- **I may be required to float to another unit**
- **I may be required to work on the infected unit but wear a mask**
- **I may be asked not to work due to the potential of being infected or carrying the infection.**

**PLEASE RETURN TO \_\_\_\_\_ AT HEALTH SERVICES**

**Employee signature \_\_\_\_\_ Date: \_\_\_\_\_**