

Influenza Vaccine Declination

Written declination is required by new California law (SB 739)

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmissions to others.
- Flu virus changes often, making annual vaccinations necessary. Immunity following vaccination is strongest for 2 to 6 months. In CA, influenza usually arrives around January first through February or March.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all disease.
- I have declined to receive the influenza vaccine for the 2008-2009 season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers 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 the vaccination at this time. I may change my mind and accept the vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

Printed name: _____

Signature: _____ Date: _____

I decline vaccination for the following reason(s). Please check all that apply.

- I believe I will get the flu if I get the shot.
 - I do not like needles
 - My philosophical or religious beliefs prohibit vaccination.
 - I have a medical contraindication to receiving the vaccine.
 - Other reason – please tell us: _____
 - I do not wish to say why I decline.
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