

Declination of Influenza Vaccination

The influenza vaccine is made available to healthcare personnel each year. McLaren Flint wants employees to receive this vaccine because of the following reasons:

- 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.
- Influenza vaccination is recommended for you and all other healthcare workers to prevent influenza disease and its complications, including death.
- If you contract influenza, you will shed the virus for 24-48 hours before influenza symptoms appear. Shedding the virus can spread influenza infection to patients in this facility.
- If you become infected with influenza, even when your symptoms are mild, you can spread severe illness to others.
- The strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- You cannot get the influenza disease from the influenza vaccine.
- The consequences of refusing to be vaccinated could endanger your health and the health of those with whom you have contact, including patients in this health care facility, your coworkers, your family, and your community.

Despite these facts, I am choosing to decline the influenza vaccination right now for the following reason:

Please select the option below that best represents your reason for declination.

- | | |
|--|---|
| <input type="checkbox"/> Egg allergy | <input type="checkbox"/> Influenza is not a serious disease |
| <input type="checkbox"/> Guillian-Barre syndrome | <input type="checkbox"/> I don't get the flu |
| <input type="checkbox"/> Other allergy | <input type="checkbox"/> Influenza vaccine is not effective |
| <input type="checkbox"/> Religious reasons | <input type="checkbox"/> Side effects of influenza vaccine |
| <input type="checkbox"/> Afraid of needles | |

I understand that I may change my mind at any time and accept the influenza vaccination, if it is available.

I understand for the declination form to be considered complete there must be a reason for declination checked, all information is filled in and legible.

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

Signature: _____ Date: _____

Name (print): _____

Department: _____