



# TORRANCE MEMORIAL MEDICAL CENTER

## 2018 - 2019 Seasonal Influenza Vaccine Declination Form

I have read and been given a copy of the inactive influenza 2018 - 2019 Vaccine Information Statement (dated 8/7/15), including the information about benefits and risk of the vaccine. I have had a chance to ask questions which were answered to my satisfaction.

**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 be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with Influenza have no symptoms, allowing transmission to others.
- Influenza virus changes often, making annual vaccination necessary.
- I understand that the injectable Quadrivalent Influenza Vaccine cannot transmit influenza. The vaccine however does not prevent all strains of influenza.
- I acknowledge that the 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 vaccination at this time. I may change my mind and accept vaccination later. I have read and fully understand the information on this declination form.**

**I understand that I will be required to wear a mask while at work / on duty from November 1, 2018 - March 31, 2019.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee ID#

\_\_\_\_\_  
Department

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Employee     Volunteer     Physician

Traveler    Agency: \_\_\_\_\_

Contract    Agency: \_\_\_\_\_

Student    School: \_\_\_\_\_

I decline vaccination for the following reason. **Please circle ONE answer.**

- |  |   |
|--|---|
| <p>1. Does not believe in vaccines for religious or philosophical reasons.</p> <p>2. Believes the influenza vaccine gives a person the Flu.</p> <p>3. Concerned about side effects/safety.</p> <p>4. Does not believe the vaccine prevents the Flu.</p> <p>5. Does not believe it's important.</p> | <p>6. I do not like needles.</p> <p>7. Medical Contradictions only if you meet this criteria:</p> <p>a) Severe allergic reaction (e.g. anaphylaxis) after a previous vaccine dose or to a vaccine component, including egg protein.</p> <p>b) History of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination.</p> |
|--|---|

Must see EHS prior to declining for this reason

EHS Signature: \_\_\_\_\_

**MUST KEEP RECORD FOR THE INFLUENZA SEASON!!**