Declination of influenza (flu) immunization

My employer or affiliated health facility, ________________________________
has recommended that I receive influenza vaccination to protect myself, my loved ones, my co-workers, and the residents/patients I care for.

I acknowledge that I am aware of the following facts (please initial beside each):

___ Influenza is a serious respiratory disease that kills thousands of Canadians each year.

___ Influenza immunization is recommended for all healthcare workers as a standard of care to protect myself, my loved ones, co-workers and residents/patients from influenza, its complications, and death.

___ If I catch influenza, I can spread the virus to others for 24 hours before my symptoms appear.

___ I understand by not receiving the influenza immunization I may be excluded from work without pay during an influenza outbreak.

___ I understand that immunization against influenza is recommended each year because the virus changes quickly and my immunity declines over time.

___ I understand that I cannot get influenza from the influenza immunization.

___ I understand that by refusing to be immunized, my influenza illness could result in:
• Life-threatening influenza illness complications for myself and/or others
• Hospitalization of myself and/or others
• My death or the deaths of others

Despite these facts, I am still choosing to decline influenza immunization for the following reason(s):

___________________________________________________________________________________________

___________________________________________________________________________________________

I understand that I can change my mind at any time and accept influenza immunization, if the vaccine is still available. I have read and fully understand the information on this declination form.

Name (print): ____________________________ Department: ____________________________

Signature: ____________________________ Date: ____________________________

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