

# 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):

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## 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: \_\_\_\_\_