



## Employee Influenza Vaccination Form

### **INTENTION TO VACCINATE:**

I have read the CDC Influenza Vaccine Information Statement. I have had the opportunity to ask questions, which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine. \_\_\_\_\_ (Initial)

I \_\_\_\_\_ (Print Name) Intend to receive an influenza vaccine at:

<input type="checkbox"/> A Clinic	<input type="checkbox"/> Other Employer
<input type="checkbox"/> MD	<input type="checkbox"/> Pharmacy

### **ALREADY VACCINATED**

I \_\_\_\_\_ (Print Name) have already received an influenza vaccine at:

<input type="checkbox"/> A Clinic	<input type="checkbox"/> Other Employer
<input type="checkbox"/> MD	<input type="checkbox"/> Pharmacy

### **INFLUENZA VACCINE DECLINATION**

I \_\_\_\_\_ (Print Name) am aware of the following facts:

- Influenza is a serious respiratory disease that kills 36,000 Americans per year on average
- The Influenza virus may be had for up to 48 hours before symptoms begin while allowing transmission to others
- Up to 30% of people with Influenza do not have any symptoms, but can still transmit the virus to others
- The Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is between 2 and 6 months
- The Influenza vaccine does not transmit influenza
- The Influenza vaccine is mainly only effective at preventing the Influenza
- The Influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all health care employees to prevent infection from and transmission of influenza to others including patients, residents, clients, coworkers, family and other community members

### **I DECLINE THE OFFER OF VACCINATION FOR THE FOLLOWING REASON(S):**

- My Philosophical or Religious Beliefs prohibit Vaccination
- I have a medical contraindication to receiving the vaccine
- I do not wish to say why I decline
- Other Reason (Specify):

By signing below I indicate that I have read over the applicable section of this form.

Print Name:	Title:
Signature:	Date: