

**NON EMPLOYEE 2017-2018 INACTIVATED INFLUENZA VACCINE DECLINATION**

PRINT Full Legal Name:			Date:	Dept:
Employee ID Number: N/A	Date of Birth:	Age:	Cell Number:	Work Number:
<input type="checkbox"/> HPH <input type="checkbox"/> PMMC <input type="checkbox"/> KMCWC <input type="checkbox"/> SMC <input type="checkbox"/> KMC <input type="checkbox"/> WMC				Site:

Hawai'i Pacific Health or affiliated health facility, \_\_\_\_\_ has recommended that I receive the influenza vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:

- 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 me and all other healthcare workers to prevent influenza disease, and its complications, including death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding of the virus can spread influenza infection to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including patients in this healthcare setting, my co-workers, my family, and community.

*I have read the above information and despite these facts, I do not wish to receive the influenza vaccine. I am choosing to decline the vaccination for the following reason(s):*

- Received 2017-2018 inactivated influenza vaccine from another provider
- Medical contraindications (systemic allergic reaction to ingredients, Guillain-Barre syndrome, etc.)
- Concern of side effects from the influenza vaccine
- Concern of getting influenza from the vaccine
- I do not like needles
- My philosophical or religious beliefs prohibit vaccination (religious exemptions)
- Other Reasons: \_\_\_\_\_

I HAVE READ THE CDC VACCINE INFORMATION STATEMENT (VIS) ABOUT THE INACTIVATED INFLUENZA VACCINE AND I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND THAT I FULLY UNDERSTAND THE INFORMATION PROVIDED.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date