

Influenza Vaccine Declination for Healthcare Workers

Instructions: Complete this form to decline receiving this year's flu vaccine. Return the completed form to Employee Health Services via Fax at 702-383-3875 or email a copy to EmployeeHealth@umcsn.com.

Last Name: _____ First Name: _____ MI: _____

Department: _____ PRNR: _____

The best way to prevent the spread of influenza is to receive a flu vaccine. ***The flu vaccine is indicated for all persons over 6 months of age.*** People with any of the following conditions or who fit into a specified demographic are at an increased risk for developing complications from influenza:

- Anyone age 65 years and older
- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney diseases
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index (BMI) of 40 or higher
- People younger than 19 years of age on long-term aspirin- or salicylate-containing medications
- People with weakened immune systems, due to disease (such as people with HIV or AIDS, or certain cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)
- People who have had a stroke
- Healthcare workers
- Pregnant women and women up to 2 weeks after the end of pregnancy
- People from certain racial and ethnic minority groups, including: non-Hispanic Black persons, Hispanic or Latino persons and American Indian or Alaska Native persons

UMC has recommended I receive the influenza vaccination to protect both the patients I serve and my coworkers.

- The Influenza vaccine is recommended to protect me, patients and other healthcare workers from influenza disease and its complications (including death).
- If contracted, I can shed the virus for 24-48 hours even before any influenza symptoms appear (asymptomatic viral shedding) which can spread the virus to patients and other healthcare workers throughout this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.

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I am choosing to **DECLINE** this year's influenza vaccine for the following reason – *select the ONE most appropriate reason below (Required)*:

- I believe I may become ill after receiving the vaccine or am concerned about potential side effects.
- I do not believe the vaccine is effective and/or I don't trust the vaccine.
- I don't believe that I am a risk to my patients or coworkers if I don't get vaccinated.
- I don't like needles.
- I don't believe that I am at risk of getting the flu.
- I have had reactions to egg, involving symptoms other than urticaria (hives), such as: angioedema, respiratory distress, lightheadedness, or recurrent emesis; or required epinephrine or another emergency medical intervention.
- I have had severe allergic reactions to flu vaccinations in the past that required medical assessment and/or treatment or I have had Guillain-Barré syndrome in the past.
- I have religious or ethical beliefs that prohibit my being vaccinated.

By submitting this form, I am stating that I have read the information on this declination form and acknowledge the potential consequences of my decision not to receive a flu vaccination. I understand I am required to wear a procedural mask while working at the hospital or clinics from now until the flu season is declared over by Infection Control/Employee Health. I also understand that I may change my mind at any time and receive the flu vaccine.

Signature: _____ Date: _____