



AGENCY STAFF FLU VACCINATION ACCEPTANCE/DECLINATION

I understand that I may be at risk of being infected by and transmitting the influenza virus. I acknowledge that I have received and understand the information regarding the flu vaccination. I have had the opportunity to ask questions and have had my questions answered satisfactorily. I acknowledge that I have been informed and understand the risks of not receiving the vaccination. I further understand that by not receiving the vaccination I may be at an increased risk of contracting the flu.

Flu Vaccine (type of influenza): _____

Manufacturer/Lot#: _____

Site of Injection: _____ Left Arm _____ Right Arm Date: _____

Administering Clinician Name: _____

Administering clinician Signature: _____

DECLINATION

_____ I understand that I may be a risk for acquiring influenza and transmitting the virus to others. I have been given the opportunity to be vaccinated with the inactivated influenza vaccine; however, I decline the influenza at this time. I understand by declining this vaccine, I continue to be at risk for acquiring influenza, a serious illness and of transmitting the virus to others. I understand that I can change my mind at a later time and accept the vaccination if the vaccine is still available. As required by the facility, I will wear a mask at all times with the exception of the employee lounge/break room.

_____ I have a medical contraindication/condition of severe allergic reaction to eggs.

_____ Religious accommodation

_____ Other

Contractor Name (print)

Contractor Signature

Date