SONOMA STATE UNIVERSITY

SCHOOL OF NURSING & HEALTH SCIENCES
College of Science, Technology & Business

707-664-2465
nursing@sonoma.edu
nursing.sonoma.edu

1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

BSN VACCINE DECLINATION

Written declination is required by California Senate Bill No. 739 as of 2007

Name: _____ **BSN Program:** ☐Pre- ☐Post- Licensure

Influenza Vaccine:

- Influenza is a serious disease that kills many Americans each year
- Influenza virus may shed for up to 48 hours before symptoms appear, allowing unknown transmission to others
- 30% of individuals may have no symptoms, allowing unknown transmission to others
- Flu virus changes often and requires annual vaccination
- Flu vaccine cannot transmit disease but does not prevent all disease
- Influenza vaccine is recommended by the CDC for all healthcare workers to prevent disease transmission
- Spread of influenza may cause harm/death to my fellow healthcare workers, family members, and patients

Covid-19 Vaccine:

COVID-19 vaccination requirements may vary between clinical sites. Some sites may require students to upload full vaccination records. Please note that choosing to not upload your records may affect your clinical site placements.

A) 2 doses of the Pfizer, Moderna COVID-19 vaccine and COVID-19 Booster
B) COVID-19 Bivalent Single Dose dated on or before 9/10/2023
C) Single dose of the Johnson and Johnson COVID-19 vaccine and COVID-19 Booster
D) COVID-19 Updated single (Pfizer, Moderna, Novavax) dose dated on or after 9/11/2023

Please note: If you receive the Novavax vaccine you will be required to submit proof of at least one previous dose or a supplemental dose.
To see what is required on your documentation, please click here.

I acknowledge that I have received and reviewed information regarding vaccinations. Knowing these facts, I am declining the ☐ Influenza ☐Covid-19 vaccination for medical reasons at this time. I understand that my decision may affect my eligibility for certain clinical placements and may result in a change of my assigned clinical site, depending on their requirements.
I also understand that if I have any questions regarding this decision or its impact, I should contact the Program Director.

Signature: _____ **Date:** _____