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INFLUENZA VACCINE CONSENT/DECLINATION

Name: _____

Date: _____

Program: _____

I have had a flu shot as documented by the information below:

Clinic where vaccinated _____

Date vaccinated _____

Manufacturer and lot number _____ Dose and Site _____

Signature of provider _____

I decline the vaccination: please complete the following section

Influenza Vaccine Declination

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

I acknowledge that I have been made aware of the following facts:

- ✓ Influenza is a serious disease that kills an average 36,000 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
- ✓ I decline to receive the vaccine for the _____ season
- ✓ 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

Knowing these facts I choose not to be vaccinated at this time and understand the information presented in this form.

Print name : _____

Signature: _____

I decline the vaccination for the following reason(s). Check all that apply.

- _____ I will get the flu if I get the shot
- _____ I am allergic to the vaccine
- _____ I do not like needles
- _____ My philosophical or spiritual beliefs prohibit vaccination
- _____ I have a medical contraindication to receiving the vaccine
- _____ I do not wish to discuss my reasons for declining the vaccine
- _____ Other reasons for declining you wish to discuss _____