

DEPARTMENT OF NURSING

1801 East Cotati Avenue 707.664.2465 Rohnert Park, CA 94928-3609 www.sonoma.edu/nursing

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

You may submit a receipt or proof of vaccination on another form if that is what is provided.

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. I understand I will be required to wear a mask at all times per facility requirements.

Print name: _____

Signature: _____

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

- _____ I am allergic to the vaccine
- _____ My philosophical or spiritual beliefs prohibit vaccination
- _____ I have a medical contraindication to receiving the vaccine
- _____ Other reasons for declining you wish to discuss _____