



Declination of Influenza Vaccination

AdventHealth per guidelines from CDC and CMS has recommended that I receive the flu vaccine to protect the community I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people annually
- Influenza vaccination is recommended for me and all other healthcare workers
- If I contract influenza, I can shed the virus for 48 hours prior to when flu symptoms appear
- If I become infected with influenza, I can spread flu to others even when my symptoms are mild or non-existent including to patients in this facility and my own family members
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year
- I understand that I cannot get influenza from the influenza vaccine
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact from influenza including
 - all patients in this healthcare facility
 - my coworkers
 - my family
 - my community

Despite these facts, I am choosing to decline influenza vaccination for the following reasons:

- Medical Reason
- Religious Reason
- Received vaccine elsewhere Date _____ Location _____
Documentation from vaccination provider is required

I am aware that I can change my mind at any time and accept influenza vaccination, if vaccine is still available. I also understand that I must wear a surgical mask if I am within 6 feet of patient contact if I remain unvaccinated during Influenza Season from November 1st through March 31st (these dates are subject to change due to local Flu activity).

(SEE BACK)

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Name (print): _____

Department: _____



AREAS WHERE SURGICAL MASKS ARE REQUIRED IF NOT VACCINATED WITH SEASONAL INFLUENZA:

- **All patient care areas of the health care facilities**
- **Areas where healthcare personnel may come in contact with patients:**
 - Direct patient care activities including patient transport.
 - Patient care areas where patient care contact and /or exposure may occur such as hallways in patient care areas, holding areas or waiting rooms.
 - Locations where patient and person exposures may occur such as nursing stations, patient transport hallways accessing procedure areas, registration offices, security visitor access desks.
 - Job roles/tasks with patient interaction such as patient registration, case management, environmental services, volunteers, dietary services, persons who perform in room repairs and maintenance.

AREAS WHERE SURGICAL MASKS ARE NOT REQUIRED:

- Break rooms
- Cafeteria
- Work areas that preclude patient contact such as bench areas within the lab, dark rooms, equipment processing areas, kitchen or supply areas
- In non-clinical office settings (such as the Reflections Building or Sterthaus)
- Outside of the facility