

INFLUENZA VACCINE DECLINATION 2006-07

PLEASE PRINT THE FOLLOWING INFORMATION:

NAME (please write legibly): _____ SS#: _____ - _____ - _____

Date of Birth: _____ Department/Unit/Floor: _____

Badge Number: _____ (MANDATORY!) Position Title: _____

Is your position clinical or non-clinical? (check one): Clinical Non-Clinical

Phone or pager where I can be reached: _____ E-mail address: _____

PLEASE CHECK CORRECT AFFILIATION:

JHH JHU/SOM SOM Student BSPH JHU/SON SON Student

JHHS JHHC BSI JHCP Other (explain) _____

Declination of Annual Influenza Vaccination:

- I understand that due to my occupational exposure, I may be at risk of acquiring influenza infection. In addition, I may spread influenza to my patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications.
- I have received education about the effectiveness of influenza vaccination as well as the adverse events. I have also been given the opportunity to be vaccinated with influenza vaccine, at no charge to myself. However, I decline influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza, potentially resulting in transmission to my patients. If in the future I want to be vaccinated with influenza vaccine, I can receive the vaccine at no charge to me.

Reason for declining: _____

Employee Signature: _____ Date: _____