

# Facility "J" Flu Policy

## 2015-2016 Influenza Vaccine Declination

**Please carefully consider the following information about influenza and vaccination before declining the vaccine:**

- Influenza (the flu) is a serious disease that hospitalizes more than 226,000,000 people and causes from 3,000 to 49,000 deaths each year in the United States.
- Vaccination is the most effective way to prevent influenza virus infection and its complications.
- Influenza is highly contagious.
- The Centers for Disease Control and Prevention (CDC) recommend influenza vaccination for everyone over 6 months of age, including all healthcare workers and those who are pregnant or nursing.
- The strains of virus that cause influenza infection change almost every year, which is why influenza vaccine is recommended each year.
- You cannot get influenza from receiving the influenza vaccine.

If you develop influenza, you will shed the virus for 24-48 hours before influenza symptoms appear. You may be required to stay out from work until you are medically cleared to return to work by Employee Health Services.

**I understand that I am required to wear a mask at all times while in any patient care areas and at the nurse's station during the influenza season if I decline vaccination.**

**If you will not be receiving an influenza vaccine please indicate why:**

The Joint Commission requires that the reason for declining vaccination be reviewed yearly.

I have one of the following medical contraindications to receiving influenza vaccine:

- Previous allergic reaction to influenza vaccine.
- Allergy to eggs or other vaccine components (**New vaccine is available-check with Employee Health**).
- History of Guillain-Barre Syndrome after prior influenza vaccination.

Below are other reasons commonly expressed for choosing to decline flu vaccination. Please select one:

- I don't believe the vaccine prevents influenza
- I believe that I'm not at risk for influenza
- I never get sick, so don't need to get it
- I'm worried about side effects
- I got it last year and don't believe I need another one
- I got sick despite getting vaccinated previously
- I don't like needles or getting shots (**Nasal mist is available for some employees.**)
- I still believe you can get influenza from the vaccine
- I'm pregnant or breast-feeding and don't believe it's safe
- I received the flu vaccination elsewhere but do not have documentation of it
- I have a religious objection to vaccination.

**I have read the above information about the risks and benefits of influenza vaccination. I am choosing to decline influenza vaccination right now for the reason listed above. I understand that I may change my mind at any time and be vaccinated against influenza.**

**Print name** \_\_\_\_\_ **Dept.** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Associate** ( )    **Volunteer** ( )    **Medical Provider** ( )    **Student** ( )    **Other** ( )    9/14

