



Declination of Influenza Vaccination ____/____ (year)

The New York State Department of Health and my employer, Stony Brook Southampton Hospital, recommend that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect our patients and residents from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients/residents in this facility.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they do not 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, including
 - all patients/residents in this healthcare facility
 - my coworkers
 - my family
 - my community

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

I understand that in declining this vaccine I am required, by NYS DOH Section 2.59 of NY Code Rules and Regulations Title 10, to wear a surgical mask while working in areas where patients may be present.

If in the future, before the end of the current influenza season, I want to be vaccinated with the Influenza vaccine I can receive the vaccine at no charge if supplies are still available.

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

Signature: _____ Date: _____

Name (print): _____

Department: _____

Reference: CDC. Prevention and Control of Influenza with Vaccines— Recommendations of ACIP at www.cdc.gov/flu/professionals/acip/index.htm

Technical content reviewed by the Centers for Disease Control and Prevention, October 2011. www.immunize.org/catg.d/p4068.pdf • Item #P4068 (10/11)

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