East Alabama Health

Declination of Influenza Vaccination

East Alabama Health has recommended 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 an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine 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 the following:
    - my patients and other patients in this healthcare setting,
    - my coworkers,
    - my family, and
    - my community

I hereby swear or affirm that I have read this document in its entirety and understand the information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment. I understand I can change my mind at any time and accept Influenza vaccination, if vaccine is available.

I am declining the Influenza vaccine for one or more of the following reasons. (Please check all that applies):

_____Fear of needles/injections
_____Fear of side effects
_____Perceived ineffectiveness of vaccine
_____My health care provider has recommended to me that I decline the Influenza vaccine based on my current health conditions and medications. Reason: _____
_____ I have previously suffered a severe allergic reaction (e.g., anaphylaxis) related to vaccinations in the past.
_____ Receiving the Influenza vaccine conflicts with my sincerely held religious beliefs, practices, or observances
_____Other Reason: _____

Please provide reason for declining vaccination

_____ _____

Non-Employee's Printed Name Non-Employee's Signature

_____

Date