



Declination of Influenza Vaccination

My employer, ruralMED Management Resources, has recommended that I receive an annual influenza vaccination in order to protect myself, the patients I serve, and my co-workers.

I acknowledge that I am aware of the following facts:

Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including 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 infection to patients in this facility.

If I become infected with influenza, even when my symptoms are mild, 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 cannot get the influenza disease from the influenza vaccine.

The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:

- Patients
- My coworkers
- My family
- My community

Despite these facts, I am choosing to decline influenza vaccination right now.

I understand that I may change my mind at any time and accept influenza vaccination if vaccine is available.

I have read and fully understand the information on this declination form and understand that while I am in any PMHC/ruralMED/FMS or affiliates building, I will wear a mask during the peak influenza season as identified by Infection Prevention when reporting for work responsibilities.

Signature: _____ Date: _____

Name (print): _____