

## Flu Vaccine Declination Statement

Name \_\_\_\_\_ Department \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(print)

Immunization against the flu has been identified as an important patient safety issue by The Centers for Disease Control and Prevention (“CDC”), the Society of Hospital Epidemiologists of America, the New York City and State Departments of Health, the American Medical Association, and The Joint Commission. These groups strongly recommend that all health care workers be vaccinated against influenza (“the flu”) each year.

I acknowledge that I have completed the education session.

I will receive or have received the vaccine.

I am declining the vaccine because: check reason

- I am allergic to the vaccine
- I do not like needles
- I get sick from the flu shot.
- My doctor advised me not to get the vaccine.
- The media says the flu shot is not effective
- Other \_\_\_\_\_

Name: \_\_\_\_\_

School or department \_\_\_\_\_