

CAREGIVER HEALTH SERVICES

PLEASE RETURN COMPLETED FORM TO CAREGIVER (EMPLOYEE) HEALTH SERVICES

Seasonal Influenza Declination Form 2024-2025

Providence and its family of organizations offers the influenza vaccine free of charge to caregivers, volunteers, students, employed & non-employed providers, and contracted employees in accordance with the annual CDC recommendations. By being vaccinated, you are protecting yourself, your patients, your family, and the community.

NAME: _____ DOB: _____ EMPLOYEE ID# _____

CAMPUS/SITE: _____ DEPT: _____ PHONE: _____

IF **NOT** EMPLOYED BY PROVIDENCE, CHECK ONE: Licensed Independent Practitioner

Volunteer Contractor Student Other

I DO NOT WANT A FLU VACCINE. I ACKNOWLEDGE THAT I AM AWARE OF THE FOLLOWING FACTS:

- *Influenza is a serious respiratory disease that millions of people get every year. Hundreds of thousands are hospitalized, and thousands to tens of thousands die from flu-related causes.*
 - *Influenza vaccination is recommended for me and all healthcare workers to protect our patients from influenza disease, its complications, and death.*
 - *Persons infected with influenza virus, including those who are pre-symptomatic, can transmit the virus to coworkers and patients, some of whom may be at higher risk for complications from influenza.*
 - *Healthcare personnel influenza vaccination has reduced deaths among nursing home patients and elderly hospitalized patients.*
 - *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 impact of my declining the vaccine could include life-threatening consequences to my health and the health of those with whom I have contact, including my patients and other patients in this healthcare setting my coworkers, my family, and my community.*
 - *Side effects of the vaccine are almost universally mild and of short duration.*
 - *I understand the vaccine offered to me through Caregiver Health Services is preservative and latex free.*
 - *I understand that I can change my mind and accept the vaccination at any time during the campaign, usually September through March.*
 - *I understand I must follow any masking requirements in my ministry or region and commit to doing so.*
- Resources for future reference:
<https://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol-508.pdf>
<https://www.cdc.gov/flu/prevent/keyfacts.htm>

I am declining the flu vaccine because of:

- My Licensed Independent Practitioner-documented allergy or medical contraindication to the components of the vaccine
- My religious beliefs, including my sincerely held ethical or moral beliefs

By typing your name on the line below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with all terms and conditions as listed on this form; and (iv) you consent to typing your name as the means of providing your signature electronically and that such electronic signature is valid.

Signature: _____

Date: _____