Providence

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CAREGIVER HEALTH SERVICES

PLEASE RETURN COMPLETED FORM TO CAREGIVER (EMPLOYEE) HEALTH SERVICES

Seasonal Influenza Declination Form 2023-2024

Providence St. Joseph Health 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:

☐ **Medical Provider** (MD, DO, ARNP, PA-C, CRNA, CNM, or DPM)

☐ **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 that 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 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 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 that I can change my mind and accept the vaccination at any time during the campaign – Sept-Mar.*

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

Signature: _____ Date: _____