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Student Influenza Vaccine Declination Form

I have been given the CDC Influenza Fact Sheet, which includes information about the effectiveness of influenza vaccination as well as adverse effects, and any questions I may have about the vaccine have been answered.

I understand that I may be at risk of acquiring influenza infection at work or in the community. I also understand that if I have influenza, I may spread it to my patients, to other healthcare workers, and to my family, even if I have no symptoms of the flu.

I understand that this spread can result in serious, even life-threatening influenza infection, particularly in persons at high risk for complications.

I have been given the opportunity to be vaccinated with the Influenza Vaccine at no charge to myself in the Student Health Service.

I decline because I have a medical contraindication.

If yes, specify _____

I decline because I have been vaccinated elsewhere

If yes, where _____ Documentation? Yes No

I decline because of another reason. Check the reason that applies to you.

I get an allergic reaction from the vaccine.

Specify _____

I get bad side effects from the vaccine

Specify _____

I think I will get sick from the vaccine

I think I will get the flu after being vaccinated

I never get the flu

I don't like needles

Other: Specify _____

I understand that by declining the Influenza Vaccine I continue to be at risk for developing the flu. If at a later time I want to be vaccinated, I may still receive the Influenza Vaccine at no charge to me while supplies last.

Print Name _____

Signature _____ Date _____