



Influenza Declination Form

Name _____ Student ID _____

Butler Community College partners with multiple hospitals and healthcare providers to provide clinical experiences for our students. These clinical partners strongly recommend that all students receive influenza vaccination to protect themselves and the patients they serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months.
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

I am declining due to the following reasons (check all that apply):

- ☐ I believe I will get influenza if I get the vaccine.
- ☐ I have an allergy to eggs.
- ☐ I have had a severe reaction to the components in the vaccine in the past.
- ☐ I have had a severe reaction to the influenza vaccine in the past.
- ☐ I have developed Guillain-Barre Syndrome within 6 weeks of receiving an influenza vaccine.
- ☐ I do not like needles.
- ☐ My philosophical or religious beliefs prohibit vaccination.
- ☐ I have been advised by my physician to not receive the flu vaccine.
- ☐ Other reason – please tell us. _____

- I understand that if I choose to decline the influenza vaccine, I will be required to wear a surgical mask or respirator beginning October 1, during all clinical and lab rotations. Failure to wear a surgical mask will result in disciplinary action.
- I will wear a surgical mask from entry into clinical and lab until leaving the facility. The mask is off only to eat.
- I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.
- I understand that if I decline the vaccine and I refuse to wear a mask, I am voluntarily prohibiting myself from completing coursework and clinical requirements resulting in loss of semester credits.

Signature _____

Date _____