

## **Influenza Vaccine Declination**

Name: \_\_\_\_\_ Facility where you primarily work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title/Department: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Certain medical and religious exemptions will be allowed if required by federal, state, and/or local laws.

### **Medical Contraindications for Flu Vaccination: Check if applicable**

#### **Medical Exemptions require medical documentation of the condition that prohibits vaccination.**

Significant reaction to Flu shot in the past	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of Guillain-Barre syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergy to any component of the vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other: \_\_\_\_\_

### **Declination for Religious reasons:**

#### **Employee should have history of consistent vaccination behavior throughout belief (i.e., employee should not accept tetanus vaccine but reject flu vaccine).**

I attest that my religious belief does not allow for vaccination.

Name of Religious organization: \_\_\_\_\_

Date of affiliation with organization: \_\_\_\_\_

State belief and why it prohibits you from taking the influenza vaccine: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***Regardless of the presence of universal masking at your facility, getting the flu vaccine is still the best method to prevent the spread of influenza.***

**All healthcare personnel declining flu vaccination are required to wear a mask while at work from **10/31/21 through 3/31/22**, even if the universal masking requirement in the facility is reversed during this time.**