

Influenza Education and Vaccination Status

I, _____, have read the Influenza Information listed below. I have had an opportunity to ask questions regarding the benefits and risks of the influenza vaccine.

Influenza Information:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing 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. It does not, however, prevent all disease.

Influenza Vaccination Status

_____ **I have already had an influenza vaccination this year (please attach a copy of your vaccination record).**

_____ **I have declined to receive the influenza vaccination this year.** I decline the vaccination knowing that the Centers for Disease Control and Prevention (CDC) recommends this vaccine for all health care workers to prevent infection from and transmission of influenza and its complications, including death, to patients/residents/clients, my co-workers, family and community.

Reason for declining vaccination:

- _____ My philosophical or religious beliefs prohibit vaccination.
_____ I have a medical contraindication to receiving the vaccine.
_____ Other reason: _____.
_____ I do not wish to say why I decline.

Signature: _____

Date: _____