

INFLUENZA VACCINE CONSENT/DECLINATION FORM

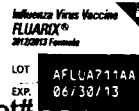
Influenza vaccine consent:

I have read the "Influenza Vaccine information Statement, dated 2012-2013. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine.

Print name _____ Department _____

I requested that the vaccine be given to me.

Signature _____ Date _____ Site _____ Lot# _____ Given by _____



I decline the vaccine today because I have already had a flu shot this year.

Clinic where vaccinated _____ Date vaccinated _____

Signature _____ Date signed _____
(We will count you as vaccinated)

Influenza vaccine declination

Written declination is required by new California law (SB 739) beginning in 2007.

I acknowledge that I am aware of the following facts:

- 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.
- Flu virus changes often making annual vaccination is necessary. Immunity following vaccination is strongest for 2 to 6 months. In CA, influenza usually arrives around New Year through February or March.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all disease.
- I have declined to receive the influenza vaccine for the 2012-2013 season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers 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 decline the vaccination for the following reason(s). Please check all that apply

- I believe I will get the flu if I get the shot
- I do not like needles
- My philosophical or religious beliefs prohibit vaccination
- I have a medical contraindication to receiving the vaccine
- I do not wish to say why I decline
- I never get influenza
- Other reason- please tell us. _____

Print name _____ Department _____

Signature _____ Date _____

Madera Community Hospital

