



Employee Health Services 2221 Stockton Blvd Suite A Sacramento, CA 95817

Influenza Vaccine Declination 2018-2019

Written declination is required by California law (SB 739) enacted in 2007 and California Code, Health and Safety Code - HSC § 1288.7

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that is associated with 12,000 to 56,000 deaths in the U.S. every year.
- Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick.
- Some people with influenza may have no symptoms, allowing infection of others.
- Flu virus changes often, making annual vaccination necessary.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all influenza infections.
- I have declined to receive the influenza vaccine for the 2018-2019 flu 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 co-workers, my family, and my community.

Knowing these facts, I choose to decline the vaccination at this time.

I may change my mind and accept the vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

Print name: _____ **PPS ID:** _____
(Legal name; including entire hyphenated name) (# listed on your ID badge)

Date of Birth: _____ **Department:** _____

Signature: _____ **Today's Date:** _____

I decline vaccination for the following reason. Choose only ONE.

- I am allergic to the flu vaccine.
- I have a medical contraindication to receiving the vaccine.
- My philosophical or religious beliefs prohibit vaccination.
- The flu vaccination is not important.
- I do not like the side effects.
- I get the flu from the vaccination.
- I never get the flu.
- I do not like needles.

Attention Managers: You will only be able to enter ONE reason on the flu tracking website

PLEASE FORWARD ALL CONSENTS, DECLINATIONS & IMMUNIZATION RECORDS/DOCUMENTS (IF RECEIVED ELSEWHERE) TO EMPLOYEE HEALTH WEEKLY.