

FLU VACCINE CONSENT / REFUSAL FORM

PLEASE INITIAL ONE:

Yes, I want to receive the Flu vaccine.			
I read the information given to me about the Flu virus and I had the opportunity to ask questions. My questions were answered.			
 Influenza is a serious respiratory disease that kills thousands in the United States each year. Influenza vaccination is recommended for me and all other healthcare personnel to protect this agency's patients from influenza, its complications, and death. If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this agency. If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent. I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't, my immunity declines over time. This is why vaccination against influenza is recommended each year. I understand that I cannot get influenza from the influenza vaccine. The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including patients, coworkers, my family, and my community. INFLUENZA VACCINE 			
Date Given	Lot #	Administered By	Next Date Due
No, I don't want to receive the Flu Vaccine. I acknowledge that I have read this document in its entirety and fully understand it. Despite these facts, I have decided to decline the influenza vaccine by my signature below. I realize that I may re-address this issue at any time and accept vaccination in the future. I decline the Flu Vaccine vaccination currently because I have already received the series.			
* Please note that the Flu vaccination is not a requirement to work, however it is recommended by Quality One Care Home Care			
Employee Name:		Jo	b Tittle:

Date: _____

Signature: