



Influenza vaccine consent

Palm Drive Hospital, Palm Drive Nursing Rehab, and the Centers for Disease Control and Prevention recommend that all healthcare workers receive influenza vaccination at no charge in order to protect them and their patients.

I have read the "Influenza Vaccine Information Statement, 2007-08." I have had an opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine.

Print name _____ Department _____

I request that the vaccine be given to me.

Signature _____ Date _____

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

Clinic where vaccinated _____ Date vaccinated _____ (Approximate is OK.)

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.
- The CDC recommends vaccination of all healthcare workers to protect hospitalized patients from exposure by staff with undetected infection.
- **Influenza vaccination of healthcare workers reduces risk of death to patients.** (Lancet, Jan. 8, 2000)
- 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 Sonoma County, flu usually arrives around New Year through February or March.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all disease.
- My refusal of vaccine may endanger my own health and that of my family, my patients, 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.

Print name _____ Department _____

Signature _____ Date _____

I decline 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.
- Other reason – please tell us. _____
- I do not wish to say why I decline.