



## Maryland Department of Health and Mental Hygiene 2012 - 2013 Influenza Vaccination Policy Declination of Influenza Vaccination

My employer, \_\_\_\_\_, requires that I receive influenza vaccination to protect patients and staff in my work location.

I acknowledge that I have been advised of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is required to protect patients and staff from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- The strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get influenza from the influenza vaccine.
- My refusal to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including patients, coworkers, family, and community.

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

- Medical
- Religious
- Other (please specify):

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I understand that:

- I can change my mind at any time and accept influenza vaccination, if vaccine is
- My declination will result in certain educational requirements. I have read *DHMH Policy on Influenza Vaccination for DHMH Facilities and Local Health Department Employees* as it relates to the educational requirements.

I have read and fully understand the information on this declination form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Department: \_\_\_\_\_