



Influenza Vaccine Received/ Refusal Form

School information: Veritas Nursing Academy 9250 Bay Plaza Blvd #315 Tampa, Fl 33619

Student name (Please print CLEARLY): _____
Phone: _____ Date: _____

Section 1 - Please answer the following questions

1. Do you have a severe allergic reaction to chicken eggs?

yes no

2. Have you ever had Guillain-Barre syndrome or another severe reaction to a flu vaccine?

yes no

3. Have you already received the 2017-2018 influenza vaccine?

yes no

If you have received the influenza vaccine for 2017-2018, please attach proof. Otherwise please complete declination below.

DECLINATION

I am eligible to receive the influenza vaccine, BUT DO NOT WANT to take it. I understand that by refusing the vaccine I may be putting my SELF, FAMILY, and PATIENTS at risk of getting influenza. I am aware that hospitalized patients are at increased risk of getting serious complications following influenza infection.

I am declining receipt of flu vaccine based on reasons of conscience, including religious beliefs. I understand that I will be required to wear a surgical mask within six feet of a patient when engaged in patient care or having contact with patients while performing assigned duties for the duration of the respiratory virus season, which is generally October through March.

Student name (please print): _____
Signature: _____ Date: _____

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

Signature: _____ Date: _____

Name (print): _____