

Shore Staffing FLU Vaccination Consent or Declination Form

I understand it is my responsibility to obtain the influenza vaccine if required by client facilities through Shore Staffing. I understand if I decline the vaccine this will impact my scheduling ability at clients that require annual influenza vaccine:

Print name: _____ Last 4 SSN: _____

CONSENT: I have been informed and understand the benefits and risk associated with the influenza vaccine. I also understand it is not possible to predict all the possible side effects associated with the vaccine.

Date of Vaccination: _____ Site of Administration: _____ Type of Vaccination: _____

Dose: _____ Manufacturer & Lot #: _____ Reactions, if any: _____

Name of Person Administering vaccine: _____ Title: _____ Phone #: _____

Provider Signature: _____

DECLINE: In declining for non-medical reasons and despite the below facts I am choosing to decline getting the influenza vaccination at this time because: I have a medical condition (check all that apply) and will provide support documentation:

- Allergy to eggs, chickens, or chicken feathers Guillain-Barre Syndrome or persistent neurological illness
- Severe allergy to other vaccine component OTHER: _____

I acknowledge that I am aware 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 US each year.
- Influenza vaccinations are recommended for all healthcare workers to protect patients 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. I understand that I will have to use a N95 respirator or surgical mask during my shift per facility policy.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the 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 my patients, other patients in the facility, co-workers, family and my community.

Signature: _____ Date: _____