

Mt. San Antonio College
Child Development Center
Influenza Vaccination Written Declination Form

I DO NOT WANT A FLU SHOT.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the season. I acknowledge that the influenza vaccination is recommended by the Centers for Disease Control and Prevention for all child care workers/volunteers in order to prevent infection from transmission of influenza and its complications.

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.

I decline for the following reason(s). Please check all that apply.

- I believe I will get influenza if I get the vaccine.
- I do not like needles.
- My philosophical or religious beliefs prohibit vaccination.
- I have an allergy or medical contraindication to receiving the vaccine.
- I do not wish to say why I decline.
- Other reason- please tell us. _____

Print Name _____

Signature _____

Date _____

- State of California—Health and Human Services Agency
- California Department of Public Health: Healthcare Associated Infections Programs