



Influenza Vaccination Declination SWMC RN

My employer or affiliated health facility, **PeaceHealth**, has recommended that I receive influenza vaccination in order to **protect myself and the patients I serve**. I have received information about influenza vaccine including its efficacy, safety and benefits and have had the opportunity to ask questions regarding the vaccine.

- ☐ I acknowledge that I am aware of the **Standard Health Requirement Policy**.
☐ I acknowledge that I am aware of the **Personnel Restrictions Due to Illness Policy**.

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 United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I may shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to individuals in or outside of this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection may change each year.
- I understand I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including patients in this healthcare setting, my coworkers, my family, and my community.
- **Since health care workers may care for or live with people at high risk for influenza-related complications, it is especially important for them to get vaccinated annually.**

As a member of the PeaceHealth community that cares for and/or is concerned about my fellow caregivers, patients, family members and the communities in which I live and frequent,

I choose to DECLINE vaccination right now for the following reason:

☐ I decline the vaccine per WSNA Contract agreement

- I understand that choosing to decline means that I am opting instead to comply with the requirement that I wear a mask at all times in patient care areas at PeaceHealth facilities during the flu season and have reviewed the attached flu season masking guidelines per PeaceHealth System Policy 5319.1.118
- I understand that I can change my mind at any time and may request to receive a vaccine (if available) at a future date under programs available at that time.
- Healthcare workers may periodically be exposed to infectious disease. I understand that PeaceHealth's provision of influenza vaccination is not intended to be a guarantee that I will not contract the disease. Existing benefits programs are available to me in the event of illness or exposure.

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

Name: (printed) _____ Employee#: _____ Dept: _____

Signature: _____ Date: _____

Designated PeaceHealth Representative: (Initials) _____