

HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM

I am a VA: ___Employee ___ Volunteer ___ Trainee (residents, interns and students)

I received the seasonal influenza vaccine this flu season (required documentation is attached.)

I decline to receive seasonal influenza vaccine at this time for the following reason:

Select the single answer that best fits your reason:

- I do not like needles.
- I have a philosophical or religious reason for not receiving the vaccine.
- I have an allergy to the vaccine or one of its components.
- I am concerned about the side effects/safety of the vaccine.
- I have never had the flu and don't think I will this season.
- I have another reason. (Please explain)

I acknowledge that VHA policy requires health care personnel to receive the influenza vaccine every year. I understand that if I decline to receive the vaccine and/or to provide proof of vaccination by November 30 or within two weeks of beginning employment if after November 30, I must wear a face mask according to requirements and guidelines within the Directive 1192, Seasonal Influenza Prevention Program. I understand that violation of the directive may result in disciplinary action.

I have read and fully understand the information on this form and have been given the opportunity to have my questions answered.

Signature: _____ Date: _____

Name (print): _____ Last 4 SS# _____

Dept./Serv: _____ Supervisor: _____

Employees and volunteers provide this form to the facility Employee Occupational Health Office. Trainees provide this form to the Designated Education Officer.