

Declination of Influenza Vaccination

TCC Nursing program healthcare partners, recommends that I receive an influenza vaccination to protect myself, patients, staff, and others in the healthcare facility.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- Influenza vaccination is recommended for me and all other healthcare personnel to protect our staff and our facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear.
- During the time I shed the virus, I can transmit influenza to patients and staff in this facility.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- I understand that it is impossible to get influenza from influenza vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers and all patients in this healthcare facility.
- Healthcare partners may require a student to request an exemption following its own procedures or using its own form, and their decision of acceptance or denial of the exemption for clinical placement at their facility will be final. The college is under no obligation to identify alternative sites that will accept a student's vaccination exemption request.

Despite these facts, I am choosing to decline influenza vaccination for the following reasons:

- I understand that I can change my mind at any time and accept influenza vaccination.

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

Signature: _____ Date: _____

Name (Print): _____

Program: _____