HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM

I am a ' student	West of the state	Employee _	Volunteer	Train	ee (residents, interns and
I re		the seasonal ir	nfluenza vaccine	this flu se	eason (required documentation is
	decline	to receive seas	onal influenza v	accine at	this time for the following reason:
	Select t	the single answ	er that best fits y	our reaso	on:
	 ☐ 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) 				
1.0 1.0					
vaccine provide employ and gu	e every proof ment if idelines	year. I underst of vaccination be after Novembe s within the Dire	tand that if I dec by November 30 er 30, I must wea ective 1192, Sea	ine to rec or within t ir a face n sonal Influ	rsonnel to receive the influenza eive the vaccine and/or to two weeks of beginning nask according to requirements uenza Prevention Program. I disciplinary action.
			and the informati	on on this	form and have been given the
Signature:				[Date:
Name	(print): _	CARL COLOR OF THE			Last 4 SS#
Dept./S	Serv: _	a su a a agrana a su	Supe	rvisor:	
Employ Trainee	ees and s provid	volunteers provi e this form to the	de this form to the Designated Educ	facility En	nployee Occupational Health Office. er.

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