Declination of Mandatory Influenza Vaccination

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 protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in the facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
    - My patients and other patients in this healthcare setting
    - My coworkers
    - My family
    - My community

I am declining the influenza vaccine for the following reasons:

❒ I don't get sick ❒ I think the flu shot could cause the flu ❒ I don't think the flu shot works

❒ I don't like shots/needles ❒ I am concerned about possible side effects ❒ Pregnant

❒ My physician's advice ❒ I am allergic to the flu vaccine ❒ Spiritual/Religion

❒ Other(s):_____

I understand that by declining the mandatory flu vaccination, I will be required to wear a mask while I am at work. If I fail to wear the mask in accordance with Memorial Hermann's Mandatory Flu Vaccination Policy, I will be subject to corrective action up to, and including termination of employment.

Signature: _____ Employee #:_____ Date: _____

Name (print):_____ Department: _____

Example: 001-1336

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