

Northeastern State University Nursing Program

H1N1 Vaccine Declination

I acknowledge that due to my occupational exposure I may be at risk of acquiring H1N1 flu. I have decided not to take the H1N1 flu vaccine at this time. I acknowledge by deciding not to take this vaccine, I continue to be at risk for acquiring H1N1 flu.

Please fill out this form COMPLETELY if you are refusing influenza vaccine.

Contraindications for H1N1 Flu Vaccinations: Check if applicable.

- Allergy to eggs.....
- Significant reaction to flu shot in the past.....
- History of Gullain-Barre syndrome.....
- Current Illness with fever.....

If any of the above contraindications are not applicable, you should have the H1N1 flu vaccine administered to protect yourself, your patients, your family members and the community. You are strongly encouraged to do so.

Declination

If you decline H1N1 flu vaccination for reasons other than the contraindications above, Please state your reasons below.

Print Name: _____

Signature: _____

Date: _____