

Northeastern State University Nursing Program

Influenza Vaccine Declination

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

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

Standard Contraindications for 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 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 flu vaccination for reasons other than the standard contraindications above, Please state your reasons below.

Print Name: _____

Signature: _____ **Date:** _____