Texas Tech University Health Sciences Center 2013-2014
INFLUENZA VACCINE DECLINATION FORM

Influenza is a viral infection that can cause mild to severe illness with complications that may lead to death. The Centers for Disease Control and Prevention (CDC) estimates that 36,000 to 40,000 people in the U. S. die from severe influenza-related complications each year.

The flu usually spreads from person to person in respiratory droplets when people who are infected cough or sneeze. People occasionally may become infected by touching something with influenza virus on it and touching their mouth, nose, or eyes.

Healthy adults may be able to infect others one day before getting symptoms and up to five days after getting sick. Therefore, it is possible to give someone the flu before you know you are sick as well as while you are sick.

The CDC states that the Influenza Vaccine may be given during pregnancy; however we recommend you consult with your Primary Care Physician or Obstetrician prior to receiving the Influenza Vaccine.

DECLINATION STATEMENT

*Department*_____

Circle one: Faculty Staff Student Fellow/Resident

Please read the statement below and initial beside the appropriate reason for declining the vaccine.

*I HAVE RECEIVED A **2013-2014** INFLUENZA VACCINE INFORMATION STATEMENT. I UNDERSTAND THAT VACCINATION CAN PREVENT INFLUENZA INFECTION. I UNDERSTAND THAT I MAY BECOME ILL WITH INFLUENZA AND IF SO, I MAY SPREAD THE INFECTION TO HIGH RISK PATIENTS, FAMILY MEMBERS, CO-WORKERS AND OTHERS.*

* ***I DECLINE THE INFLUENZA VACCINE FOR THE FOLLOWING REASON:***

_____ History of severe local or systemic reaction after a previous dose of influenza vaccine
_____ History of severe anaphylactic hypersensitivity to eggs
_____ History of severe or moderate reaction to any vaccine component or allergy to any vaccine component
_____ Moderate or severe illness at this time
_____ History of Gullain-Barre Syndrome
_____ Received from another provider (**Name of provider**) _____
_____ Other medical reason as listed _____
_____ Religious Exemption _____ (state form only)

PRINT NAME_____ DATE_____

SIGNATURE_____ DOB_____

* **A REASON MUST BE GIVEN AS TO WHY YOU ARE DECLINING THE VACCINE.**