

## INFLUENZA VACCINE PROGRAM

Employee Name/Title: \_\_\_\_\_

### DECLINATION STATEMENT:

I understand that it is the agency's policy that all staff members, including contracted staff be vaccinated against seasonal influenza and / or complete a declination form before the end of the influenza season (Oct – March 31<sup>st</sup> of each year). The purpose is to minimize the risk of transmission of the seasonal influenza to the patients we care for.

If declined all field staff must wear a MASK during flu season which is provided by the agency.

I have already received the influenza vaccine.

I Decline to have the influenza vaccine.

Reason:

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date