

Influenza Vaccination Attestation/Declination Form



OHSU recommends I receive influenza vaccination to protect the patients OHSU

I attest that I have already received the influenza vaccination this season.

Note: flu season is from October 1st through April 1st every year.

Date Received: _____ Location received (Place, city, and state): _____

By signing below, I attest that the above statement is true; I understand this information may be verified with state influenza vaccination records; and I understand that falsification of this statement may lead to disciplinary action.

Student signature: _____ Date: _____

Print full name: _____ DOB: _____

(This information will be placed in your Student Health Record)

I acknowledge I am aware of the following facts:

- All OHSU Students are offered the influenza vaccine free of charge and should be vaccinated unless they have a clear contraindication.
- 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 be contagious for 24-48 hours before influenza symptoms appear, and I can spread influenza disease to patients at OHSU.
- 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 the following:
 - My patients and other patients at OHSU
 - My co-workers
 - My family
 - My community
- **Vaccination protects the health and safety of all OHSU patients, students and employees.**

I am choosing to decline influenza vaccination right now for the following reasons(s):

- Severe allergy to a component of the flu vaccine
- Allergy to eggs
- History of Guillain-Barre syndrome
- Religious/philosophical beliefs

In my position, I provide direct patient care: Yes No

I am a Student

Student Signature: _____ Date: _____

Print Full Name: _____ DOB: _____

Influenza Vaccination Attestation/Declination Form

- I understand I can change my mind at any time and accept influenza vaccination, if the vaccine is available.
- I understand that I should have a valid reason if I decline influenza vaccination.
- I have read and fully understand the information on this form.