



UNLIMITED, Inc.
Your Safety is Our Business®



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Safety Unlimited, Inc. recommends that I receive the influenza vaccination to protect myself, patients, staff, and others in the healthcare environment. I acknowledge that I am aware of the following facts (please read and check each box):

- Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- Influenza vaccination is recommended for me and all other healthcare personnel to protect our staff and our facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear. During the time I shed the virus, I can transmit influenza to patients and staff.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- I understand that it is impossible to get influenza from influenza vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my coworkers and patients.
- I understand that I will be required to wear a mask during flu season for all patient encounters including at the residence of the patient, at the hospital, and in the ambulance.

Despite these facts, I am choosing to decline the influenza vaccination for the following reason: _____

I understand that I can change my mind at any time and accept influenza vaccination. I have read and fully understand the information on this declination form.

Signature _____

Date _____

Printed Name _____