



UPMC Senior Communities

DECLINED FLU VACCINE

I have been offered the flu vaccine this season, and I am declining it. I understand why getting the flu vaccine is important, especially because:

- The flu vaccine does not give me the flu,
- The flu vaccine may help me from getting sick with the flu,
- The flu vaccine may help prevent me from giving the flu to my family,
- The flu vaccine may help prevent me from giving the flu to my co-workers,
- The flu vaccine may help prevent me from giving the flu to my patients,
- Influenza (the flu) can cause serious illness in residents.

I am refusing the flu vaccine because

I have read this declination form and understand the implications of my not receiving the flu vaccine. I understand I may receive the flu vaccine later in the season if I change my mind and if supplies are available. I also understand that in the event of a flu outbreak I may be required to follow infection control directives necessary to reduce the impact of the outbreak. These further directives could include any or all of the following:

- I may be required to take antiviral medications to limit spread of the flu,
- I may be required to continuously wear a mask while at work until directed otherwise,
- I may be required to stay home from work until the outbreak has subsided,
- I may be required to follow additional directives as determined by the outbreak situation.

Signature (*Employee*)

Printed Name

Date



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VACCINE DECLINATION FORM

RECEIVED FLU VACCINE

I have received the Flu shot at _____

on the following date: _____

_____	_____	_____
Signature (Employee)	Printed Name	Date

ALLERGIC TO THE FLU VACCINE

I am allergic to the flu vaccine. I have had the following allergic reaction to the vaccine in the past.

Date of Reaction: _____ Treating physician: _____

_____	_____	_____
Signature (Employee)	Printed Name	Date