

## Declination of Influenza Vaccination Form

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- The CDC/MDHHS has recommended that the influenza vaccine be required for all healthcare workers to protect patients and healthcare workers from influenza, and its complications, including death.
- I understand that because I work in a healthcare environment I may place patients and co-workers at risk if I work while infected with the influenza virus.

Despite these facts, I decline the influenza vaccine for the 2024-2025 influenza season. I understand that I will be required to wear an MSU-supplied mask at all times when in patient care areas for the duration of the influenza season as defined by the CDC/MDHHS.

I understand that I can change my mind at any time and accept influenza vaccination, if the vaccine is still available.

I have read and fully understand the information on this declination form.

Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department: \_\_\_\_\_