



LMU-DCOM, Department of Outpatient Services  
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## Declination of Influenza Vaccination

LMU-DCOM & the Department of Outpatient Services has recommended that I receive influenza vaccination in order to protect myself and the clients and students I come into contact with.

- I acknowledge that I am aware of the following facts:
  1. 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.
  2. Influenza vaccination is recommended for me and all other healthcare setting workers to prevent influenza disease and its complications, including death.
  3. If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to clients and students in this facility.
  4. If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
  5. 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.
  6. I understand I cannot get the flu from the vaccine I am given.

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

- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
  1. clients in this healthcare setting
  2. my coworkers and students
  3. my family
  4. my community

Despite these facts, I am choosing to decline influenza vaccination right now.

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

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

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

Department/Area of Study: \_\_\_\_\_