

# ENRICHED HOME CARE AGENCY, INC.

## ***Declination of Influenza Vaccination***

My employer, ENRICHED HOME CARE SERVICES, INC. has recommended that I receive influenza vaccination to protect the clients that I serve. Please help prevent the transmission of Influenza by receiving the annual influenza vaccination. A recent change of NYS DOH policy, now mandates that all employees that administer direct client care, must have an annual influenza vaccine OR they will be required to wear a disposable face mask at all times - during "influenza season."

**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.
- Influenza vaccination is recommended for me and all other healthcare personnel (HCP) to protect this facility's clients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to the clients that I care for.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- 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 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
  - all clients under my care
  - my coworkers
  - my family
  - my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons (optional): \_\_\_\_\_

**Because I have refused to receive the influenza vaccination, I will wear surgical or procedure masks in areas where patients or residents may be present during influenza season**

I understand that I can change my mind at any time and accept the influenza vaccination, if the vaccine is still available and being given (during influenza season).  
I have read and fully understand the information on this declination form.

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

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

Witness: \_\_\_\_\_ Title: \_\_\_\_\_