

**University Health Service  
HEALTH PROFESSION STUDENT  
INFLUENZA VACCINE DECLINATION FORM**

Complete form as follows and return to UHS: [uhsocchealth@uhs.rochester.edu](mailto:uhsocchealth@uhs.rochester.edu)

**Section I:** If you have a medical contraindication.

**Section II:** For all persons declining to be vaccinated.

**Section I. Contraindication to vaccine**

Persons with severe egg allergies should not get the vaccine. If you have a history of Guillain-Barre Syndrome you should consult with your physician to determine the risk/benefit of receiving the vaccine.

I have been advised by my physician not to receive the vaccine due to an allergy or medical contraindication.

Student ID /Title \_\_\_\_\_

**Section II. Refusal/declination of vaccine**

Strong Memorial Hospital, based on recommendations from the New York State Health Department (NYSDOH) and the Center for Disease Control (CDC), advises me to get a flu vaccine. It is being offered to me at no charge.

I acknowledge the following facts:

- 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 other healthcare personnel to help protect our fellow students, staff and patients from influenza, its complications, and death.
- If I contract influenza (flu), I could spread the virus to patients, staff, or my family, for 24–48 hours before symptoms appear.
- 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 may cause serious illness and death to others.
- Influenza strains change every year and vaccine received in a prior year does not usually provide immunity to this year's strains of influenza.
- I **cannot** get influenza from the flu vaccine.
- I understand by not receiving the Flu vaccine, I **continue to be at risk for Influenza infection** which could endanger my health, the health of my patients, and my coworkers.

**Despite these facts, I choose not to receive the vaccine for the following reason(s);**

\_\_\_\_\_

**Strong Memorial Hospital or clinical site may reassign me and/or require that I wear a mask during influenza season in the interest of patient safety. I understand that I can change my mind at anytime and receive the influenza vaccine.**

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

Name \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to University Health Service Box 270617 or email: [uhsocchealth@uhs.rochester.edu](mailto:uhsocchealth@uhs.rochester.edu)**