



LETTER OF DECLINATION (Influenza Vaccination)

I, _____ (Employee Name),
understand that I may be at risk of acquiring Influenza Infection. I have been given
the opportunity to be vaccinated with Influenza vaccine, at no charge to myself.
However, I decline Influenza vaccination at this time. I understand that by declining
this vaccine, I continue to be at risk of acquiring Influenza Infection. If in the future
I want to be vaccinated with Influenza vaccine, I can receive the vaccination series
at no charge to me.

Employee Signature

Date

Employee Printed Name

Title

Authorizing Office staff Signature

Date

Authorizing Office staff Printed Name

Title

Submit