

Influenza Vaccination Exemption

I hereby declare that:

- Due to religious reasons, I am declining the vaccination.
- The vaccine offers medical contraindication for me. Attached please find a statement from my healthcare provider, on official letterhead, stating the declination.

I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family and my community. By choosing not to get the Influenza vaccinations, I am aware that I may be asked to wear a mask continuously while providing direct patient care.

Printed Name: _____

Signature: _____ Date: _____