

Declination of Influenza Vaccine

For Influenza Season 2019-2020

Name (please print legibly)		Date of Birth
Work Location/Employer		For Non-Northern Light Employees – Please check box indicating your position
Northern Light Employee # (for employees)		☐ Non-Employed Credentialed Medical Staff ☐ Contractor ☐ Travel Nurse
Non-Northern Light Employee Full SS# (Required)		☐ Student ☐ Volunteer ☐ Other
I decline Inf	luenza Vaccine for the following re	ason:
Н	O I have an allergy or medical contraindication (please provide documentation from your provider to Work Health, via the email address below) Please explain:	
Оι	O I have a sincere religious belief against, or philosophical objection to this vaccine.	
I understand and ● Influenza	acknowledge that: is a serious respiratory disease that kills an average in the United States each year.	of 36,000 persons and hospitalizes more than 200,000
• If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients and others in this facility.		
• I may be excluded from work in accordance with Maine Center for Disease Control and Prevention rules and regulations in the event of an outbreak.		
	ange my mind, at any time, and accept influenza va e is available.	accination (unless due to allergy or contraindication),
• My flu va	ccine/declination record may be shared with other	Northern Light Member Organizations and Providers.
	Signature	 Date