

Carson Tahoe Regional Medical Center
Seasonal Flu Previously Vaccinated/Declination Form

I, or in the case of a minor child, have/has already had a flu shot this year.

Name: _____ Date of Birth: _____
(Applicant or Minor Child's Name)

Clinic where vaccinated: _____ Date vaccinated: _____

Signature: _____ Date: _____
(Applicant or Parental Signature)

Declination of Influenza Vaccination

Carson Tahoe Regional Medical Center, has recommended that I receive influenza vaccination in order to protect the patients I may come in contact with while Job Shadowing at CTRH Medical Center.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory illness that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for my child/student to prevent influenza disease and its complications, including death.
- If my child/student contracts influenza, he/she can shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
- If a person becomes infected with influenza, even when symptoms are mild, severe illness can still be spread to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- The influenza disease cannot be obtained from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger the health of my child/student and the health of those with whom he/she may have contact with, including
 - Patients in this healthcare setting
 - Classmates
 - Family
 - Community

Despite these facts, I am choosing to decline influenza vaccination at this time for myself or my minor child.

I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.

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

Printed Name: _____ Date of Birth: _____
(Applicant or Parental Name)

Signature: _____ Date: _____
(Applicant or Parental Signature)