

**Declination of Influenza Vaccine**

**Student name (print)** \_\_\_\_\_ **Program** \_\_\_\_\_

**The following reasons certify why I do not receive the influenza vaccine:**

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\*I realize that not receiving the influenza vaccine may impact my clinical placement and may require me to wear additional protective gear in order to care for patients assigned to my care at my designated clinical agencies. I also acknowledge that some agencies may have policies that may prevent me from completing my clinical if I do not obtain the required immunization which may jeopardize my placement and completion of clinical objectives. I acknowledge this and agree to follow the agencies policies and practices related to the refusal of the influenza vaccine.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_