

MENNONITE COLLEGE OF NURSING AT ILLINOIS STATE UNIVERSITY  
NORMAL, ILLINOIS

**DECLINATION OF INFLUENZA VACCINATION**

Mennonite College of Nursing at Illinois State University highly recommends that I receive an influenza vaccination in order to protect myself and the patients I will come in contact with during my tenure in the Nursing Program at Mennonite College of Nursing. In addition, some clinical sites may require this vaccination as a requirement for participating in clinical experience at those sites.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease. Every year in the United States, on average: 5% to 20% of the population gets the flu; more than 200,000 people are hospitalized from flu complications, and; approximately 36,000 people die from flu.
- Influenza vaccination is recommended for healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24 – 48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients I may come in contact with at a healthcare facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness 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.
- I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
  - Patients, my classmates, my faculty, my coworkers, my family, and my community

Despite these facts, I am choosing to decline influenza vaccination at this time. I understand that in some institutions I may be required to wear a mask from October 15<sup>th</sup> to March 30<sup>th</sup> and in other institutions I am not be able to participate in clinical experiences at all, which could result in my not being able to meet the requirements of the curriculum. 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:

Information about person to decline the vaccine: (Please print legibly)			
Name: _____			
Last	First	Middle	Employee ID #:
Signature of person to decline the vaccine: _____			
X _____		Date: _____	
Note reason for declining influenza vaccine: <b>Medical documentation of condition or allergy is required.</b>			
___ Allergic to ( <b>circle one</b> ) eggs, thimersol, formaldehyde, chicken or chicken feathers, latex or other vaccine component			
___ I have Guillain-Barre Syndrome or a persistent neurological illness			
___ <i>Serious</i> reaction to flu vaccine in past _____			
___ Other Medical Reason (explain) _____			
___ Obtaining the vaccination would conflict with my sincerely held convictions based on my religion or conscience			
___ Other non-medical reason (explain) _____			