THE CITY UNIVERSITY OF NEW YORK
College of Staten Island

Nursing Department

Declination of Influenza Vaccination for Students or Faculty in Clinical Courses

Part I: Overview: All health care and residential facilities and agencies must comply with NYS Department of Health sanitary codes. All students and clinical faculty must comply with the policies and procedures in place at the clinical placement sites. If there are not specific forms at the agency, this form is intended to provide alternate documentation. It is highly recommended that all nursing students and clinical nursing faculty discuss the risks and benefits of Influenza vaccination with their health care provider and make an informed decision.

PRINT NAME: _____DATE: _____

EMPL ID: _____

*NYS Regulation for Prevention of Influenza Transmission

Part II: Declination of Influenza Vaccination for Students or Faculty in Clinical Courses

I have been advised that I should receive the influenza vaccine to protect myself and the patients I serve. I have read the Center for Disease Control and Prevention's (CDC) Vaccine Information Statement explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare personnel to protect this facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including all patients in this healthcare facility, coworkers, my family and my community.
- ***If I decline seasonal Influenza vaccine, I will wear a mask at all times in all agency areas for the full semester. If I choose not to comply with this patient safety policy, I will be permanently removed from clinical participation for the remainder of the semester which may result in earned absences and course failure.***

I acknowledge that I have read this document in its entirety and fully understand it. I have decided to decline the influenza vaccine by my signature below. **I understand that I may receive Influenza vaccination at a later date and will update my CastleBranch Compliance Tracker to reflect current vaccination status.**

SIGNATURE: _____

https://www.health.ny.gov/prevention/immunization/toolkits/influenza_toolkit/#vaccine_doc

https://www.cdc.gov/flu-resources/php/toolkit/index.html