



an AMN Healthcare company

Flu Vaccination Declination Form

Due to my occupation, I may transmit influenza to patients and other healthcare workers, as well as, to my friends and family, even though I have no symptoms. This can result in a serious infection, particularly in a person at high risk for influenza complications.

My employer has offered the influenza vaccine at no charge. However, I decline the vaccination at this time. If I want to be immunized with Influenza vaccination in the future, I can receive the vaccination, at no charge.

I am declining the influenza vaccination for the following reason(s). Check all that apply.

- I've already received the flu vaccination this season. Please note the location you received the flu vaccination: _____

- I plan to get the vaccine elsewhere.
- My physician has advised me not to be vaccinated.
- I do not believe the vaccine will prevent me from getting the flu.
- I am afraid of injections.

- Decline for other personal reason.

Employee Signature: _____ Date: _____

Print Employee Name: _____

Fax to 888-252-3667