



## SEASONAL INFLUENZA DECLINATION

Effective 7/1/07, Calif. Senate Bill 739 [Chapter. 526, 1288.7(a)] requires students to be vaccinated, or if the student elects not to be vaccinated, to declare in writing that he or she has declined vaccination.

Last Name _____ (PRINT)	First Name _____ (PRINT)	MI _____
School: _____ (PRINT)	Corporate ID # _____	
Facility Campus (Circle): LJ CP SHAS MSD MCV ENC GRN CLINIC		

I understand that due to my occupational exposure, I may be at risk of acquiring Seasonal influenza infection. In addition, I may spread influenza virus to my patients, other healthcare workers, and my family, even if I have no symptoms.

However, I have declined the seasonal influenza vaccination for this influenza season. I acknowledge that this vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for healthcare personnel to prevent infection from the transmission of influenza and its complications (including death) to my patients, my coworkers, my family, and my community. If in the future I want to be vaccinated with the influenza vaccine, I can receive at no charge to me.

I DECLINE INFLUENZA VACCINATION	
_____ Signature	_____ Date

### Please share your reason for declination

- I prefer not to get the vaccine(s)
- I am not medically eligible for flu vaccine(s)
- Other reasons:

<p><i>For more information on the Seasonal Influenza vaccine or to be vaccinated, contact Student Placements at <a href="mailto:StudentPlacements@ScrippsHeath.org">StudentPlacements@ScrippsHeath.org</a> or 858-435-7161.</i></p>
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