VACCINATION DECLINATION RECORD

Aerosol Transmissible Disease Program

Employee Name	Employee ID #	Dept/Div
Job Title		
Seasonal Flu Vaccination Declination		
(Sign and Date the Vaccine Declination	on Statement below)	
•	-	smissible diseases, I may be at risk of e opportunity to be vaccinated agains
seasonal influenza infection at no time. I understand that by declini the season for which the CDC r	o charge to me. However, I declining this vaccine, I continue to be at recommends administration of the	the the recommended vaccination at this trisk for acquiring influenza. If, during influenza vaccine, I continue to have to be vaccinated, I can receive the