Exclusive Home Care Services
1311 Kings Hwy Fl 2, Brooklyn, NY 11229
Phone: 718-559-0191
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DECLINATION OF INFLUENZA VACCINATION

My employer, **Exclusive Home care Services** has recommended that I receive the Influenza Vaccination to protect the patients I serve. I acknowledge that I am fully aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers 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 symptoms appear. My shedding of the virus can spread the influenza to other patients in this facility.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others, and they can become seriously ill.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, 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 me 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, my co-workers, my family and community.

Despite these facts, I am choosing to **DECLINE** the influenza vaccine at this time.

Because I refused the influenza vaccination, I will be required to wear a surgical face mask in areas where patients or residents may be present during the influenza season.

I understand that I can change my mind and accept the influenza vaccine if the vaccine is still available. I have read and fully understood the information on this declination waiver.

Signature _____ Date _____

Print Name _____