

Gundersen Health System Influenza Vaccination Reporting and Declination form

My clinical site, Gundersen Health System, has recommended I receive the influenza vaccination to protect the patients I serve, the staff, and myself.

I acknowledge that I am aware of the following facts:

- o Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
o Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications, and death.
o 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 and other staff in this facility.
o 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.
o 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.
o I understand that I cannot get influenza from the influenza vaccine.
o 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:
o All Patients in this Healthcare Facility
o My Coworkers
o My Family
o My Community

Students completing a rotation at Gundersen Health System are required to wear a mask at this time if vaccinated or not vaccinated for influenza during the influenza season due to the COVID19 pandemic. Information will be disseminated if masking status changes.

Reporting Section:

I have received a flu vaccine this season.

Date (mm/dd/yyyy):

Location Where You Received Vaccine (Example: Walgreens, GHS etc):

Declination:

This section is used to decline receiving an influenza vaccination.

- I am declining the influenza vaccination for the following medical reason listed below:
Severe reaction to the influenza vaccine in the past
Allergy to eggs or egg products
Guillain Barre Syndrome within 6 weeks of receiving a flu shot
Religious exemption based on sincere religious belief that prohibits all vaccines
Personal preferences
Other

By my signature below, I acknowledge that I have read and fully understand the information on this form. I certify my understanding that the influenza vaccine protects thousands of people each year.

Name:

Dates on Gundersen Health System campus: through

Name of College / University you attend:

Signature

(Your typed name is considered your electronic signature)

Please return this completed form to:

Chelsey Dehning, Student Program Coordinator for the Graduate and Undergrad Allied Health Programs / cldehning@gundersenhealth.org / 608-775-6749 ext 56749

OR

Kayla Siple, Student Program Coordinator for the Graduate and Undergrad Nursing Programs / klsiple@gundersenhealth.org / 608-775-5953 ext 55953