EASTERN NEW MEXICO UNIVERSITY

Program in Communicative Disorders
Department of Health and Human Services
ENMU Station 3
1500 S Ave K
Portales, NM 88130

Declination of Influenza Vaccination

My school has recommended that I receive influenza vaccination to protect myself and the patients I serve. I acknowledge that I am 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 influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- 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.
- I understand that 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
    - all patients in this healthcare facility
    - my coworkers
    - my family
    - my community
- I understand that some practicum and/or internship sites may refuse my placement if I have not been vaccinated for influenza.

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:_____

_____

I have read and fully understand the information on this declination form.

Signature_____ Date_____

Print Name_____

Masters Degree Program in Speech Pathology accredited by the Council on Academic Accreditation of the American Speech–Language–Hearing Association

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