



Health Services Employee Influenza Immunization Declination Form

Declination of Influenza Immunization for DHEC Health Services Employees

In order to protect myself, co-workers, patients and others from influenza, DHEC has offered me influenza vaccine and/or current novel influenza vaccine at no charge to me. I understand that by declining the vaccine I continue to be at risk of contracting and transmitting influenza.

I decline the following vaccines: *(Check all that apply.)*

Seasonal Influenza Vaccine

Current Novel Influenza Vaccine

The reason for my declining immunization is:

I understand that by continuing my employment, I am assuming all risks for exposure or transmission of disease that may have been prevented by my accepting the seasonal influenza vaccine or the current novel influenza vaccine offered by DHEC.

I understand that if my job involves routine face to face (under 3 feet) contact with DHEC clients that I may be excluded from my current job duty or reassigned to a job position in which there is no patient contact (if available) or I may be required to wear a surgical mask during each client contact. Determination will be made solely by DHEC.

I understand that if I continue to work at DHEC, continue to have occupational exposure, and want to receive any of the required vaccines, DHEC will provide them to me at no cost by contacting the Employee Health Nurse in my Region or Central Office.

Employee Name (Print) _____

Employee Signature _____

Date _____

Health Care Professional Signature _____

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DHEC 3117 (03/11)

(Instructions for completing)

1. PURPOSE:

To document the Health Services employee's job-specific risk of refusal of seasonal influenza vaccine and/or the current novel influenza vaccine per DHEC policy – Influenza Vaccination for DHEC Employees

2. EXPLANATION AND DEFINITION:

This form is to be used for all Health Services employees with job-specific risk of acquiring seasonal flu and/or a current novel influenza. The Employee Health Nurse or designee will have the employee read and complete the form.

3. ITEM-BY-ITEM INSTRUCTIONS:

Item by item Instructions:

- a. Check box(es) of vaccine(s) being declined.
- b. Complete the reason for declination.
- c. Employee Name: Print the name of the employee.
- d. Employee Signature: Have employee sign legal signature. If the employee refuses to sign the declination form, the EHN will note the following on the employee signature line of the form: "Form presented, read, refused to sign."
- e. Date: Enter the date the form is signed.
- f. Health Care Professional Signature: Employee Health Nurse or designee must sign as witness to employee signature.

OFFICE MECHANICS AND FILING

This form is placed in the employee's employee health record. It will be kept according to the current record format in the Employee Health Manual. The current employee health record retention schedule according to the Comprehensive Health Records manual applies.