



Oregon Coast Community College Nursing & Allied Health Department

Influenza Vaccination Declination Form

For Nursing & Allied Health Faculty, Students and Staff

Section 1: Personal Information

Name:

Student ID:

Phone Number:

Email Address:

Date:

Section 2: Influenza Vaccination Education Acknowledgment

I understand that the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), clinical partners and Oregon Coast Community College recommend that all healthcare faculty, students and staff receive the annual influenza vaccination to protect themselves, their families, colleagues, and the vulnerable populations they serve.

I acknowledge that:

- Influenza is a serious respiratory illness that can lead to hospitalization or death.
- I may be contagious before showing any symptoms.
- The influenza vaccine is the most effective method to reduce the risk of infection and transmission.
- Vaccination helps protect patients, especially those with weakened immune systems, chronic illnesses, or at risk of severe complications.

☐ I have received and reviewed the educational material provided regarding the flu vaccine.

☐ I have had the opportunity to ask questions and receive satisfactory answers.

Section 3: Reason for Declination (Check all that apply)

☐ I have a medical contraindication (e.g., documented severe allergic reaction).

☐ I am allergic to an ingredient in the vaccine.



- ☐ I have previously experienced an adverse reaction.
- ☐ I believe the vaccine is not effective.
- ☐ I do not believe I am at risk of contracting the flu.
- ☐ I have religious or personal beliefs that prevent vaccination.
- ☐ Other (please specify):

Section 4: Acknowledgment of Risk and Responsibility

By declining the influenza vaccination, I understand and accept the following:

- I will be required to wear a mask during patient care or while in patient care areas throughout flu season, in accordance with Oregon Coast Community College policy.
- I may be subject to reassignment or restriction during an outbreak.
- I may be asked to stay home if flu-like symptoms develop.
- I may increase the risk of transmitting influenza to patients, colleagues, and my family.

I acknowledge that I am voluntarily declining the influenza vaccine for the 2025-2026 flu season despite the risks described above.

Signature: _____

Date: _____

Section 5: For Administrative Use Only

- ☐ Declination reviewed by: _____
- ☐ Employee educated on infection control policies
- ☐ Masking policy discussed
- ☐ Infection control consultation offered

Notes:
