

Declination of Influenza Vaccination

Due to employment and/or volunteering at Wheatland Child Development or Lone Tree Preschool, Community Care Licensing (SB 792) is requiring that I receive influenza vaccination to protect the students 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 childcare workers to protect this facility's students 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 students 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 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 students in this childcare facility
 - my coworkers
 - my family
 - my community

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

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

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

Signature: _____ Date: _____

Name (print): _____