2016-2017 INFLUENZA VACCINATION WRITTEN DECLINATION FORM

I understand that the California Health & Safety Code section 1596.7995 requires that I obtain a flu shot between August 1 and December 1 each year or provide this declination.

I ELECTED NOT TO HAVE A FLU SHOT IN 2016-2017.

I acknowledge that I was aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus is contagious for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza.
- I understand that the influenza vaccine does not prevent all disease.
- I declined to receive the influenza vaccine for the 2016-2017 season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all early childhood education workers in order to prevent infection from and transmission of influenza and its complications, including death, to students, my coworkers, my family, and my community.

Knowing these facts, I chose to decline vaccination for the 2016-2017 flu season. I have read and fully understand the information on this declination form.

Print Name __________________________________________

Signature __________________________________________ Date __________________________