



K'IMA:W MEDICAL CENTER

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An Entity of the Hoopa Valley Tribe

Declination of Influenza Vaccine

K'ima:w Medical Center recommends and encourages all employees to receive an influenza vaccination every year in order to protect the patients we serve. This vaccine is offered free of charge to all employees.

I acknowledge that I have been counseled by a K'ima:w health care professional of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 people in the United States each year.
- Influenza vaccination is recommended for me and all other employees to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. This means I can spread the virus to patients and co-workers in this facility. Even if my symptoms are mild, I can spread severe illness to patients whose immune systems are not as strong, including infants and elders.
- I understand that the strains of influenza viruses change every year, which is why a new vaccination is recommended each year.
- I cannot get the influenza disease from the vaccine.

I understand the consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:

- My patients in this healthcare setting
- My co-workers
- My family
- My community

Despite these facts, I am choosing to decline the influenza vaccination at this time.

I understand that I may change my mind at any time and receive the influenza vaccination, if vaccine is available.

My reason(s) for declining the vaccine: _____

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

Printed Name: _____ Date: _____

Signature: _____ Department: _____