

DAEMEN COLLEGE FLU SHOT DECLINATION FORM



SUBMISSION OPTIONS: ONLINE: daemen.edu/healthupload | FAX: 716.839.8230
OFFICE: Wick 116, CHIP Center | MAIL: 4380 Main St. Box #104 Amherst, NY 14226

NYS has mandates that healthcare facilities document the influenza vaccine status of all healthcare personnel each year and that unvaccinated personnel wear a surgical mask at all times in areas where patients or residents “may be present” during the entire flu season.

All students who choose not to have a flu vaccine must complete this form and declare in writing that you have declined the vaccination. Please review, sign and turn in this form as documentation of your flu shot declination to Health Services upon completion.

I understand that because I work/will be working in a health care environment that I may place others at risk: patients and co-workers, if I work while infected with the influenza virus.

In declining an influenza vaccination for non-medical reasons, I am aware that:

- The vaccine does not cause influenza illness.
- I can be infected by the influenza virus but not feel ill and pass the virus to vulnerable patients who are at-risk of complications or death from influenza.
- I can pass influenza virus to my family, friends and co-workers.
- Influenza strains change every year and an immunization received in prior years does not usually provide immunity to this year’s strain of influenza.
- I will have to wear a surgical mask at all times in areas where patients or residents may be present during the entire flu season.
- Failure to comply with institutional infection control policies is unprofessional conduct and may result in removal from the assigned site and/or disciplinary action by the College.

Student’s Name (please print)

Student’s Signature

Date Signed

For more information, visit:

https://www.health.ny.gov/prevention/immunization/health_care_personnel/