



Documentation of 2020 2021 Influenza Vaccination Status

Alive Hospice, in response to CDC guidelines, has recommended that I receive an influenza vaccination in order to protect myself and the patients that I serve.

I acknowledge that I am aware of the following facts:

- a. Influenza is a serious respiratory disease that kills an average of 36,000 persons every year.
- b. Influenza vaccination is recommended for me and all other health care workers to prevent influenza disease and its complications including death.
- c. If I contract influenza I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease and its complications including death. The shedding can continue up to 7 days.
- d. I understand that the strains of virus that cause influenza illness change almost every year. Annual vaccination is recommended.
- e. I cannot get the influenza disease from the influenza vaccine.
- f. The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including my Alive Hospice patients, my coworkers, my family and my community.

I may choose to decline the flu vaccine. I understand that being vaccinated is one way to protect the health of our patients. I understand that I may be contagious before symptoms begin. I have been instructed not to come to work if I have any symptoms of the influenza including fever, cough, sore throat, headache, chills, muscle aches and fatigue.

Printed Employee Name	Employee Signature	Date
-----------------------	--------------------	------

Team or Location _____ Job title _____

Choose one of the following:

1. I was vaccinated at alternative location
2. I decline. Allergic to ingredient or medical contraindication _____
3. I decline. Other, short explanation* _____

*If you choose to be vaccinated later please update your status