##

## Documentation of 2021-2022 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:

1. Influenza is a serious respiratory disease that kills an average of 36,000 persons every year.
2. Influenza vaccination is recommended for me and all other health care workers to prevent influenza disease and its complications including death.
3. 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.
4. I understand that the strains of virus that cause influenza illness change almost every year. Annual vaccination is recommended.
5. I cannot get the influenza disease from the influenza vaccine.
6. 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.

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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