

# Tufts Medical Center

Employee Health Services  
Phone: 617-636-5480

## Declination of Seasonal Influenza Vaccination

**Since September 1, 2010, the Massachusetts Department of Public Health requires that healthcare workers either receive a seasonal influenza vaccination or sign a form in which they decline the vaccine. Tufts Medical Center supports this requirement to protect our employees and patients.**

I acknowledge that I am aware of the following facts:

- **If I decline the influenza vaccine, I must wear a mask when I am in the Hospital. This policy will be in effect from 11/1/2016 – 4/1/2017.**
- Influenza is a serious respiratory disease that kills an average of 36,000 persons annually and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I may shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from the influenza vaccine.
- I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family and my community.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:  
patients in this healthcare setting, my co-workers, my family and my community.

Despite these facts, I am choosing to decline seasonal influenza vaccination right now for one of the following reasons.

\_\_\_ I have a medical contraindication to receiving influenza vaccine.

\_\_\_ I have a religious objection to vaccination.

\_\_\_ I am declining for other reasons. Please state reason \_\_\_\_\_

I have read and fully understand the information on this declination form. Please return, via email attachment, to Joyce Booth or Daphney Chin in Employee Health Services. **DO NOT FAX.**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (required for identification)