



H1N1 VACCINE DECLINATION

I ACKNOWLEDGE THAT I AM AWARE OF THE FOLLOWING FACTS:

- ♦ Seasonal influenza is a serious respiratory disease that kills an average of 36,000 people and hospitalizes more than 200,000 people in the United States each year.
- ♦ A novel 2009 H1N1 influenza virus first appeared in spring 2009, reaching pandemic proportions in just a few months. Infection with H1N1 influenza is expected to result in more illness, hospitalizations, and deaths than infection with seasonal influenza will.
- ♦ As a healthcare worker, I am among the groups targeted for initial vaccination with the 2009 H1N1 influenza vaccine because I am likely to have contact with influenza viruses in my work setting. If infected, I could transmit the H1N1 influenza virus to patients and coworkers, resulting in their becoming infected with the virus and developing subsequent complications, including death.
- ♦ Vaccination against seasonal influenza viruses will not provide protection against the 2009 H1N1 influenza virus; therefore my vaccination with 2009 H1N1 influenza vaccine is crucial.
- ♦ If I contract H1N1 influenza, I will likely shed the virus for 24–48 hours before influenza symptoms appear, during which time I can spread influenza disease to patients in this facility.
- ♦ If I become infected with H1N1 influenza, I can spread severe illness to others, even if my symptoms are mild or non-existent.
- ♦ I understand that I cannot get influenza from the H1N1 influenza vaccine.
- ♦ I understand that the types and frequencies of side effects from the H1N1 vaccine are likely to be similar to those from seasonal influenza vaccine. This may include mild, localized reactions, such as soreness and redness at the site of injection for the injectable (inactivated) vaccine, and runny nose and nasal congestion for the nasal-spray (live) vaccine.
- ♦ The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
 - my patients and other patients in this healthcare setting
 - my coworkers
 - my family
 - my community

KNOWING THESE FACTS, I CHOOSE TO DECLINE VACCINATION AT THIS TIME. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

Print Name: _____ Classification: _____

Signature: _____ Date: _____