UVa Medical Center mandates that all employees, medical staff, volunteers, and contract staff receive a yearly influenza vaccination unless acceptable exemptions apply.

I acknowledge that I am aware of the following facts:

- IF I DO NOT GET THE VACCINE I WILL BE EXPECTED TO MASK DURING ALL CLOSE PATIENT CONTACT IF AND WHEN AN INFLUENZA OUTBREAK IS DECLARED BY THE MEDICAL CENTER (this is defined as being within 3 feet of a person) as announced.
- Influenza is a serious respiratory disease that kills an average of 36,000 and hospitalizes more than 200,000 in the United States each year.
- Influenza vaccination is recommended by the CDC for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24 hrs before influenza symptoms appear. My shedding the virus can spread influenza infection to patients and employees in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others, especially the very young and old.
- 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.
- 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
  - my community

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I decline the influenza vaccination at this time for the following reason:

☐ I have had a severe allergic reaction to a component of the influenza vaccine or after a previous dose of an influenza vaccine (requires a signed note from a doctor or other LIP).

☐ I have had Guillain-Barré Syndrome within 6 weeks of receiving an influenza vaccine (requires a signed note from a doctor or other LIP).

☐ I have a religious belief that precludes receipt of the influenza vaccine.

I also understand that by declining to get the vaccine, I will need to mask if and when an influenza outbreak is declared in order to protect myself, patients, and others with whom I may come in contact.

Please sign below.
I have read and fully understand the information on this form.

Signature: _____ Date: _____ Time: _____

Name (print): _____ Emp ID: _____ DOB _____

MC Employees: Email form to Employee_Health@hscmail.mcc.virginia.edu

SOM, SON & UPG Employees: Provide form to your respective HR contact.

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