**INFLUENZA VACCINATION WRITTEN DECLINATION FORM**

**I DO NOT WANT A FLU SHOT.**

I may change my mind and accept vaccination later, if vaccine is available.

I **decline vaccination** for the following reason(s). Please check all that apply.

[ ]  I believe I will get influenza if I get the vaccine.

[ ]  I do not like needles.

[ ]  My philosophical or religious beliefs prohibit vaccination.

[ ]  I have an allergy or medical contraindication to receiving the vaccine.

[ ]  I do not wish to say why I decline.

[ ]  Other reason – please tell us. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_