**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_