



Education Department  
11750 Bird Road  
Miami, FL 33175

## SEASONAL INFLUENZA VACCINE-STUDENT DOCUMENTATION

Please print: School/Company: \_\_\_\_\_ Program: \_\_\_\_\_

Rotation Dates: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date Vaccine Received: \_\_\_\_\_ (Proof of vaccine submitted and reviewed by school)

ID Sticker Given (date/initial): \_\_\_\_\_

\_\_\_\_\_  
Signature of student: \_\_\_\_\_ Date

OR

I have declined the influenza vaccine (I have read and fully understand the information on the declination form below) and I understand that I will be required to wear a surgical mask while at Kendall Regional Medical Center beginning October 1, 2012. The only time I may remove my mask while in the hospital is in the cafeteria. I understand that failure to wear a surgical mask will result in my inability to continue my student rotation at Kendall Regional Medical Center.

\_\_\_\_\_  
Signature of student: \_\_\_\_\_ Date

# DECLINATION FORM FOR SEASONAL INFLUENZA VACCINE

Kendall Regional Medical Center has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

## I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccine is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I become infected with influenza, I will shed the virus for 24-48 hours before influenza symptoms appear,
- Even when my symptoms are mild or I have no symptoms, 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.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact due to possibly spreading the flu, including:
  - Patients and visitors in this healthcare setting
  - My fellow students and other healthcare workers
  - My family
  - My community
- I understand that if I choose to decline the influenza vaccine, and my duties may cause me to infect patients or to become infected, I will be required to wear a surgical mask for the duration of my rotation beginning October 1, 2012. *Failure to wear a surgical mask during rotation will result in counseling and include termination of rotation at Kendall Regional Medical Center.*
- I understand that I may change my mind at any time and accept influenza vaccination.
- *I understand that if I decline the vaccine AND I refuse to wear a mask, I am voluntarily resigning my rotation.*
- I have read and fully understand the information on this declination form.