



**Elitecare**  
Medical Staffing, LLC

## Screening for Influenza Vaccination

<b>Name:</b>	<b>Client Name:</b>
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**Influenza facts:**

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Flu virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. In California, influenza usually arrives around New Year through February or March.
- Influenza vaccine cannot transmit influenza.
- A signed declination is required from any employee or healthcare personnel who decline Influenza Vaccine (Senate Bill 739).

### Attestation for Receipt of Influenza Vaccination

I have received the influenza vaccine for the 2016 – 2017 season.

Setting where vaccine was administered:

Hospital     Clinic     MD office     Other

**Attestation:** Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Declination

I have declined to receive the influenza vaccination for the 2016 – 2017 season. I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

**Reasons for declination:**

- I am allergic to components of the vaccine (specify) \_\_\_\_\_
- I don't believe in vaccines.
- I won't take the vaccine because of side effects.
- I'm in good health and have never had flu before.
- I got severe influenza-like symptoms from the influenza vaccine in the past.
- I am fearful of injections.
- I am not convinced that influenza vaccination prevents flu.
- Other (specify) \_\_\_\_\_

**Attestation:** Signature \_\_\_\_\_ Date: \_\_\_\_\_

I authorize release of the information above to the agents of Elitecare Medical Staffing, as appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_