

PARKLAND COLLEGE

DECLINATION STATEMENT FOR INFLUENZA VACCINE

PLEASE SUBMIT THIS COMPLETED AND SIGNED FORM TO

1) YOUR CASTLE BRANCH ACCOUNT **AND**

2) SEND TO RACHEL STALEY, ROOM L117 OR

RSTALEY@PARKLAND.EDU, 217/353-2240

**If you will be attending OSF or Carle please contact Megan Cross at mcross@parkland.edu regarding your clinical site requirements for declination.*

Name: _____

ID#: _____ Program: _____

I understand that having an influenza vaccine is required by the clinical site where I have been assigned to do my clinical experience. I have declined to receive the influenza vaccine this season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all health care personnel to prevent infection from and transmission of influenza and its complications, including death, to patients/residents/clients, my co-workers, my family, and my community. I understand that I will be required to wear a surgical mask while participating in clinical activities in accordance with the policy of that institution. Furthermore, I understand that some clinical sites may have additional requirements and I agree to abide by those expectations. I also acknowledge that some clinical sites will **NOT** allow a student to participate in patient care if they have declined the influenza vaccine unless it is strictly for medical reasons that are documented by a physician.

Signature: _____

Date: _____