

Expert care with a personal touch

orig: 2007; revised 9/8/23

Occupational Health Services (OHS)

MYTH

Signature

SEASONAL INFLUENZA VACCINATION DECLINATION RECORD 2023-2024

FACT

California Health & Safety Code §1288.7(a) and 8 California Code of Regulations §5199(c)(6)(D) & (h)(10) requires written declination for any Healthcare Personnel who declines the seasonal influenza vaccination.

| 1 | The flu vaccine can cause influenza. | Flu vaccines cannot cause flu illness. Flu vaccines given with a needle (i.e., flu shots) are made with either inactivated (killed) viruses, or with only a single protein from the flu virus. The nasal spray vaccine contains live viruses that are attenuated (weakened) so that they will not cause illness. https://www.cdc.gov/flu/prevent/misconceptions.htm | | |
|--|---|--|----------------------------|---|
| 2 | I have gotten sick with the flu right after getting a flu vaccine. | Some people report having mild side effects after flu vaccination. The most common side effects from flu shots are soreness, redness, tenderness or swelling where the shot was given. Low-grade fever, headache and muscle aches also may occur. If these reactions occur, they usually begin soon after vaccination and last 1-2 days. https://www.cdc.gov/flu/prevent/misconceptions.htm You may have already been sick when you got the vaccine. It takes two weeks for the vaccine to fully protect you. Other germs besides the flu are around and can cause you to feel sick like the flu, but it isn't the flu. For this reason it is important to get the vaccine earlier in season. PVHMC goal is 90% vaccination rate and compliance by November 30th. | | |
| 3 | The flu vaccine does not work. | Recent studies show that flu vaccination reduces the risk of flu illness by between 40% and 60% among the overall population during seasons when most circulating flu viruses are well-matched to those used to make flu vaccines. | | |
| 1. 2. 3. | PVHMC's goal is to be in compliance by No | | ☐ True ☐ True ☐ True | ☐ False ☐ False ☐ False |
| acknowledge that I am aware of the following facts: I understand that the injectable influenza vaccine cannot transmit influenza. It does not, however, prevent all viral diseases. Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year. Influenza viruses may be shed 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. 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 my patients, coworkers, my family and my community. I understand that I can change my mind and accept the vaccination later, if the vaccine is still available. I fully understand the information and facts provided to me. All of my questions have been answered to my satisfaction. Knowing these facts, I | | | | |
| M | ill choose to decline the influenza vaccination a EDICAL □ I have a medical contraindication □ I've had hives, shock, or shortness of bre ON-MEDICAL □ Religious beliefs prohibit vaccination. □ Other: | | ` | , |
| HCI | | wear a respiratory m | ask when in co | Order which requires all Healthcare Personnel ontact with patients or working in patient care |
| | | | | Check one: □ Associate □ Physician □ Volunteer (Adult) |
| Van | ne (Print legibly) Employee | e# Department | | ☐ Contract/Registry ey Avenue Pomona, CA 91767 909.865.9500 pvhmc.or |

Date