

- Fill out your information by typing in the blue boxes or clicking on the boxes on the next page
- To save the form, click on the printer icon in the top right of the screen
- Change the printer destination to “Save as PDF”, then click on the “Save” button on the bottom right
- Name the file with your name – “Jean Graham_Flu form 2019” and save it to somewhere on your computer
- Send an email to InfectionPrevention@CareDimensions.org and attach your form file



Flu Vaccine Tracking Form

Declination or Received Vaccine

EMPLOYEE/VOLUNTEER NAME: _____

DEPARTMENT: _____ Employee Volunteer

LOCATION:

North Shore (Danvers) Kaplan Family Hospice House Care Dimension Hospice House Greater Boston (Waltham)

Care Dimensions joins the CDC and strongly recommends influenza vaccination for all employees to protect themselves, their coworkers and the patients they serve.

I ACKNOWLEDGE THAT I AM AWARE OF THE FOLLOWING FACTS:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24-48 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary.
- I understand that the Flu vaccine cannot transmit influenza and it does not prevent all disease.
- I acknowledge that influenza vaccination is recommended by the Center for Disease Control and Prevention (CDC) for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family and my community.

PLEASE INDICATE ONE OF THE FOLLOWING ACTIONS:

RECEIVED FLU VACCINE AT OUTSIDE SITE

I have already received the 2019-2020 seasonal influenza vaccination:

Date: _____

Where: Doctor's office or Other (specify) _____

***Attach vaccination documentation to this form if available

Other

Knowing these facts, I choose to decline vaccination at this time because:

Please check all that apply:

- I am allergic to the vaccine (egg or other components of vaccine)
- I have a history of Guillian-Barre Syndrome within 6 weeks of a previous influenza vaccine
- I have a religious objection to vaccination
- Other: Please specify _____

If you change your mind and choose to receive a flu shot, please contact Infection Prevention Nurse.

SIGNATURE: _____

DATE: _____

CD 495 (1-18-2019)

Form is required for all staff and Volunteers. Return form to:

Mary Niemi, RN or scan/email to infectionprevention@caresdimensions.org or fax to 978.762.3170