



**PRACTICE PREVENTION,  
DON'T SPREAD INFECTION.**

It's important that all Rochester Regional Health employees take necessary precautions to stop the spread of infection, including influenza.

**We care about you and the health of your family.** Even if you don't get sick, without a flu shot, you run the risk of transmitting influenza to those you work with, care for and love.

**YOU CAN CHANGE YOUR MIND AND GET A FLU SHOT AT ANY TIME!**

I am choosing to decline the vaccine for the following reason:

I have been advised by my physician not to receive the vaccine due to an allergy or medical condition; therefore I have a Medical Waiver.

I choose to decline the vaccine because:

- I am concerned about potential side-effects or safety of the vaccine.
- My philosophical beliefs prohibit vaccination.
- I dislike needles or shots.
- I believe I will get the flu if I get the vaccine.
- I believe the vaccine is not effective.

PLEASE SIGN BELOW:

Print Name: \_\_\_\_\_ Employee ID # (employees only): \_\_\_\_\_

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

PLEASE CHECK THOSE THAT APPLY:

Employee    Medical and Dental Staff    Volunteer    Student    Contractor

**Employees and non-employees**, please email this completed form to WORKREADY (Employee Health Services) at [EHS@rochesterregional.org](mailto:EHS@rochesterregional.org).

**Medical & Dental Staff**, please email this completed form to WORKREADY (Employee Health Services) at [EHS@rochesterregional.org](mailto:EHS@rochesterregional.org).