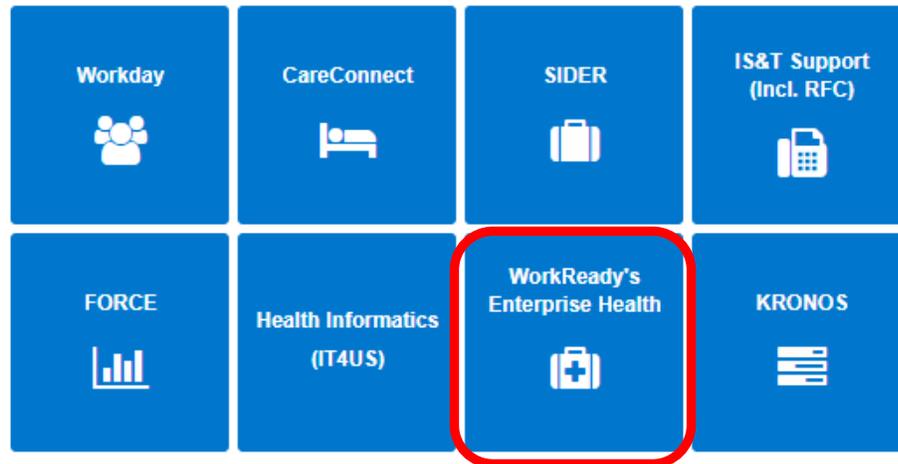


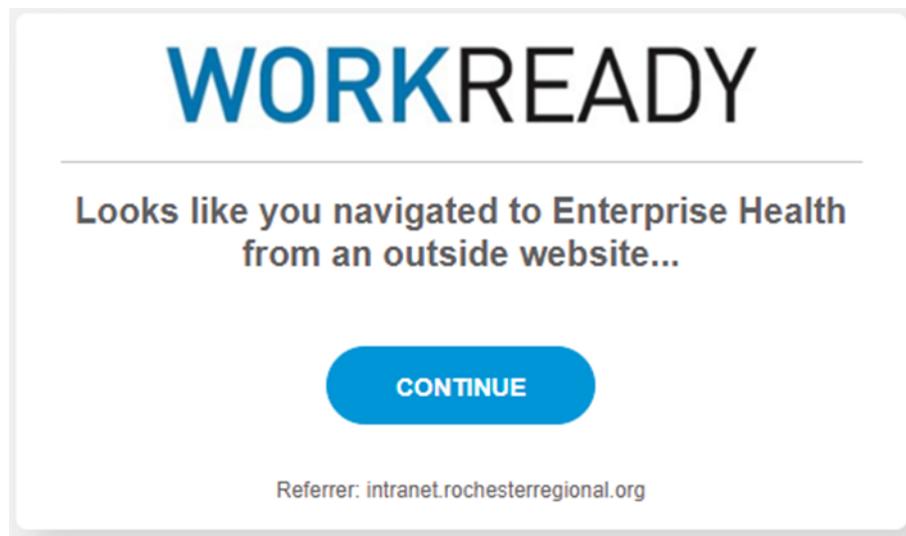
## Entering a Flu Vaccine Declination

Using this form, you can enter a flu vaccine declination and a reason for it.

1. Access **WorkReady's Enterprise Health** employee portal:
  - a. Open the RRH Intranet.
  - b. Click on the **WorkReady's Enterprise Health** Tile on the upper right hand side of the home screen



- c. Click **Continue** on the next screen



- d. Or [Click Here](#) to access the portal directly.
      - e. Click on the top Login option and use your RRH username and password

# WORKREADY

In an effort to retain the confidentiality of information, you have been automatically signed off. This occurs when there is no browser activity for an extended period of time.

## welcome

Rochester Regional Health

RRH ADFS Login



Other Login



WELCOME TO THE [WORKREADY EMPLOYEE HEALTH PATIENT PORTAL](#) — PLEASE SELECT FROM THE MENU BELOW.

# WORKREADY



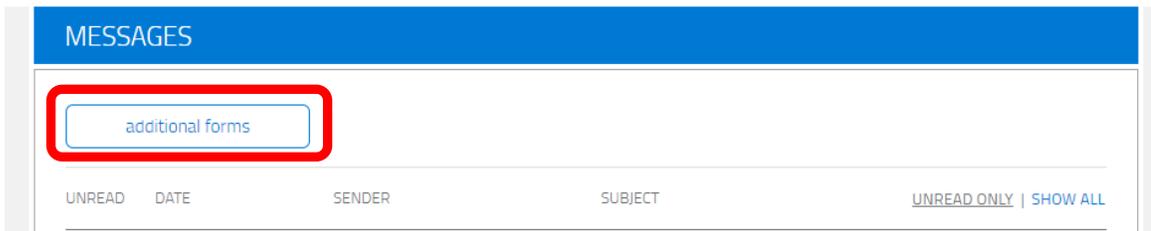
**2. Select Message Center.**

WELCOME TO THE WORKREADY EMPLOYEE HEALTH PATIENT PORTAL — PLEASE SELECT FROM THE MENU BELOW.

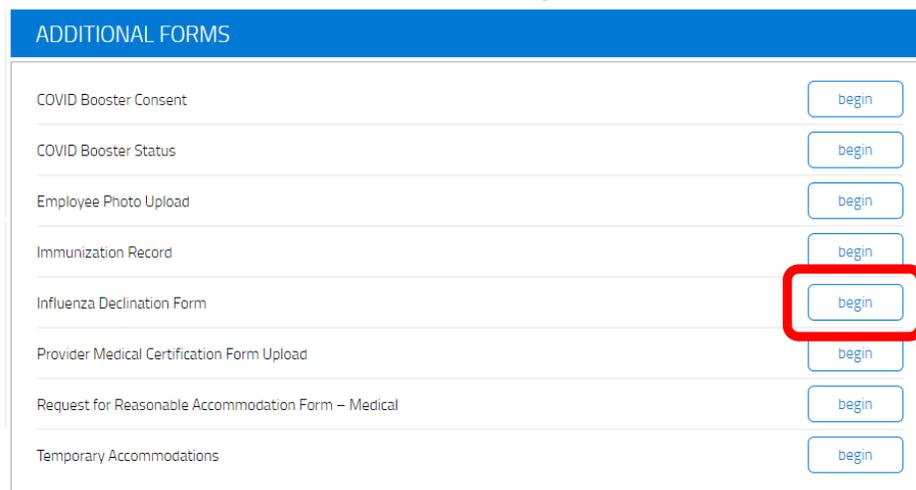
WORKREADY



3. Select **additional forms**.



4. Next to **Influenza Declination Form** select **begin**.



5. Select **“Yes”** or **“No”** that you have read the influenza education.

- a. You will be able to submit the declination regardless of your answer to this question.

**INFLUENZA VACCINATION DECLINATION REASON**

I have read and understand the Influenza education located at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html> \*

Select Vaccination Declination Type: \*

- Already had flu vaccination this season
- 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 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
- I choose not to answer

**6. If you are declining the vaccine:**

- a. Select one of the options listed.

**INFLUENZA VACCINATION DECLINATION REASON**

I have read and understand the Influenza education located at: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html> \*

Select Vaccination Declination Type: \*

- Already had flu vaccination this season
- 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 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
- I choose not to answer

7. Select “I decline the vaccine” and then Submit.

**DECLINATION CONFIRMATION**

I acknowledge that I am aware of the following facts: Influenza is a serious respiratory disease that kills thousands of people in the United States each year. Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications and death. If I contract Influenza, I can spread the virus for 24 hours before influenza symptoms appear. I understand that unvaccinated MDS members and team members will be required to wear a mask in patient care areas during flu season. Knowing these facts: \*

I decline the vaccine

Save for later | Cancel

**SUBMIT**

8. After a few seconds you will be directed back to the main Portal page.

- a. To Sign Out, click on your name and select **Sign Out** at the bottom of the menu.

☰ Your Name  

WELCOME TO THE [WORKREADY EMPLOYEE HEALTH PATIENT PORTAL](#) — **WORKREADY**  
PLEASE SELECT FROM THE MENU BELOW.

- Message Center >
- COVID Test Results/RTW Guide >
- Medical Exemption Test Results >
- Annual Health Review >
- Respirator Fit >
- Influenza Consent Form >
- Other Health Resources >

