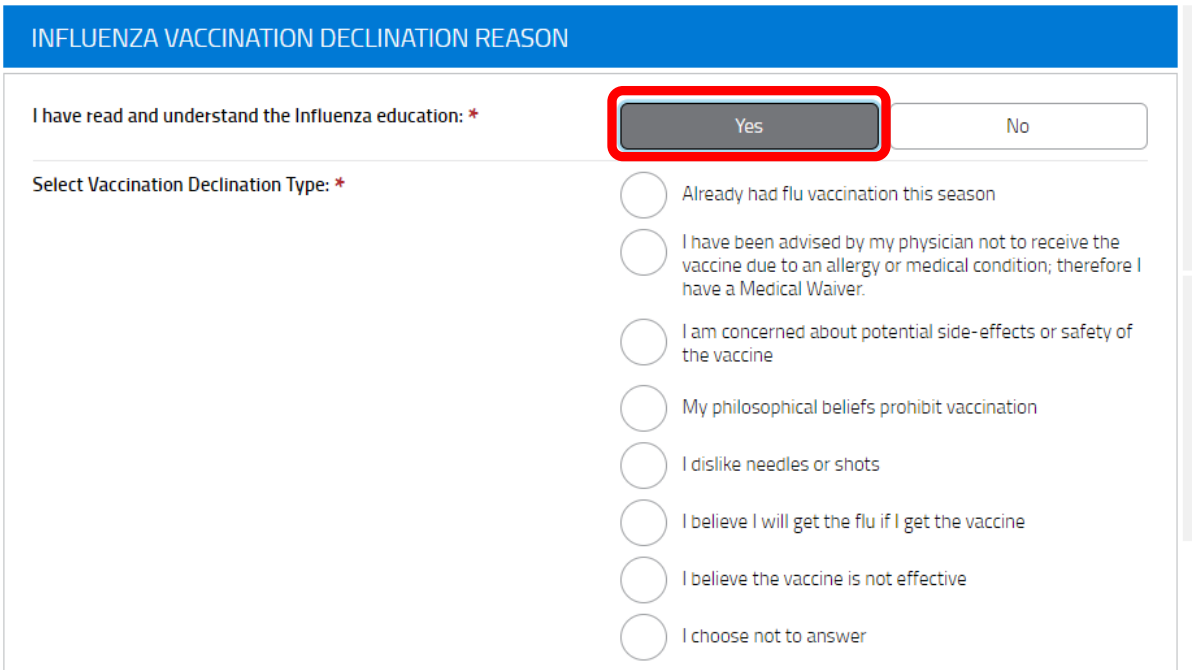
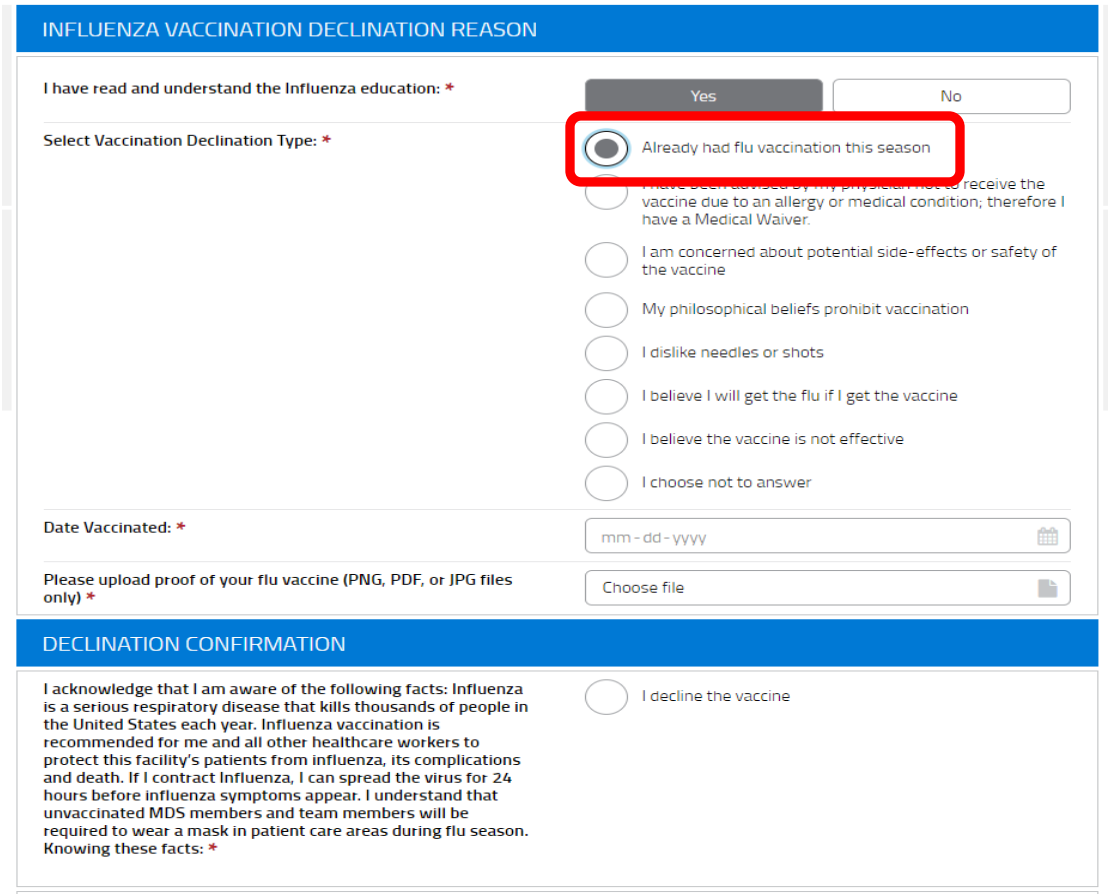
1. Access employee portal. You will select message center. Then you will select additional forms. Then you will select Influenza Declination Form.

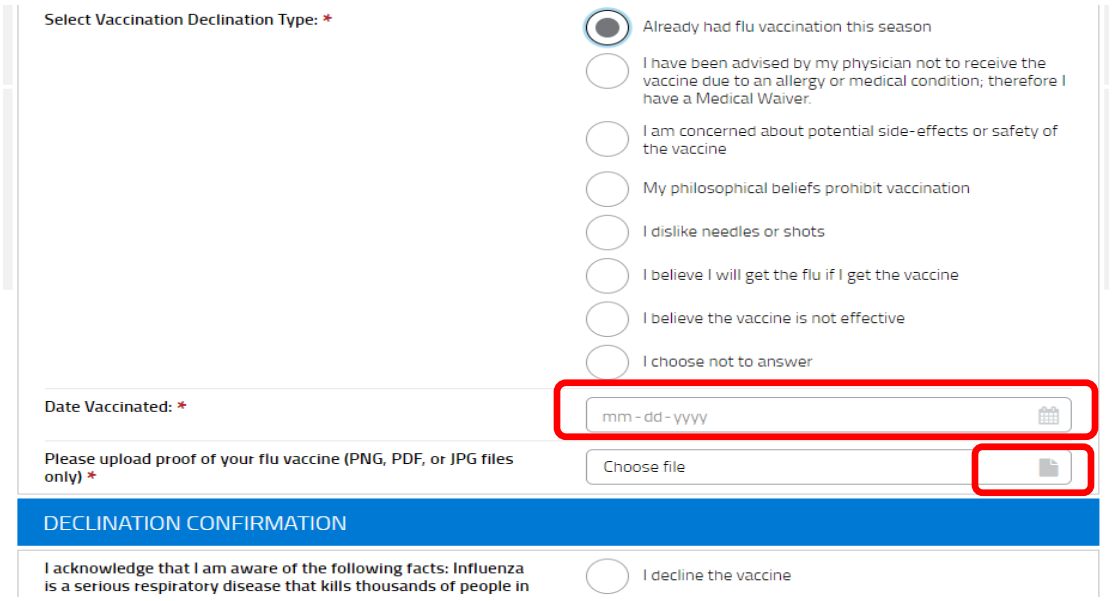
2. Then you will be brought to the following page. Select you have read influenza education. If you are declining the influenza vaccine you must select from a reason listed below.



3. If you have already received the vaccine, select option “already had flu vaccination this season”.



4. You will then select the date you received you influenza vaccine and upload documentation of the flu vaccine.



5. Then choose I decline the vaccine, even though you may have selected “Already had the flu vaccine this season.” Then select submit

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

Date Vaccinated: *

mm - dd - yyyy

Please upload proof of your flu vaccine (PNG, PDF, or JPG files only) *

Choose file

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