

## SAMPLE

*This is a sample of a declination letter to be signed by any essential employee or student who has direct patient care as part of their academic program that elects not to get vaccinated for both the seasonal flu and H1N1. This is identified in the Vaccination Plan section of the University of Maryland, Baltimore (UMB) pandemic plan. Each school at UMB is responsible for identifying their affected students as well as their essential employees as listed in their individual COOP Plans.*

### **Declination of Influenza Vaccination**

The University of Maryland, Baltimore has recommended that I receive influenza vaccination.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other employees the University has determined to be essential.
- If I contract influenza, I will shed the virus for 24-49 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to other co-workers.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.

Despite these facts, I am choosing to decline influenza vaccination right now. I understand that I may change my mind at any time and accept influenza vaccination if vaccine is available.

I have read and fully understand the information on this declination form.

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

Name (print): \_\_\_\_\_

Department: \_\_\_\_\_

I have been vaccinated.