



SUNY Orange Wellness Center | 115 South Street | Middletown, NY 10940 | (845) 341-4870

Declination of Influenza Vaccination for Health Professions Students & Faculty

Name: _____

Student A#: _____

Program: _____

- I have been advised that I should receive the influenza vaccine to protect myself and the patients I serve.
- I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Statement explaining the vaccine and the disease it prevents.
- Despite this information I decline the influenza vaccine by my signature below.
- I am aware that each clinical site to which I am assigned will request an additional and separate site specific declination.
- I realize that I may re-address this issue at any time and accept vaccination in the future.

Signature: _____ Date: _____