



Meridian Behavioral Healthcare, Inc.

INFLUENZA VACCINATION DECLINATION FORM

Staff Name (please print): _____

Program/Location: _____

Date: _____

All staff declining to receive influenza vaccination must submit the completed declination form to Human Resources by November 15th.

I am declining influenza vaccination, and I acknowledge the following (initial next to each):

_____	Meridian Behavioral Healthcare, Inc. (Meridian) has provided me the opportunity to receive influenza vaccination at no cost.
_____	I understand influenza vaccination does not cause flu disease.
_____	I understand and accept that I may be at risk of acquiring influenza at work or in the community.
_____	I understand that if I contract influenza, I may spread it to Meridian clients, co-workers, my family, and the community, even if I have no symptoms.
_____	I understand that the spread of influenza can result in serious, even life-threatening infection, particularly in persons at high-risk for its complications.
_____	I understand I am required to stay home if I develop symptoms of influenza.
_____	I understand that I am required to wear a mask inside all Meridian facilities, if I have not received my influenza vaccine by the 15 th of November, regardless of other masking protocols in place.
_____	I am aware that I may change my mind at any time and receive influenza vaccination at no cost from Meridian as long as supplies last through April 30 th .
_____	Optional: I decline influenza vaccination due to a medical contraindication and will also be submitting a Medical Exemption Form.

By signing, I confirm:

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

Staff Signature: _____

Date: _____