

September 26, 2017

VHA DIRECTIVE 1192  
APPENDIX B

HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM

☐ I received the seasonal influenza vaccine this flu season (required documentation is attached.)

☐ I decline to receive seasonal influenza vaccine at this time for the following reason:

Select the single answer that best fits your reason:

- ☐ I do not like needles.
  - ☐ I have a philosophical or religious reason for not receiving the vaccine.
  - ☐ I have an allergy to the vaccine or one of its components.
  - ☐ I am concerned about the side effects/safety of the vaccine.
  - ☐ I have never had the flu and don't think I will this season.
  - ☐ I have another reason. (Please explain)
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I acknowledge that VHA policy requires health care personnel to receive the influenza vaccine every year. I understand that if I decline to receive the vaccine and/or to provide proof of vaccination by November 30 or within two weeks of beginning employment if after November 30, I must wear a face mask according to requirements and guidelines within the Directive 1192, Seasonal Influenza Prevention Program.

I have read and fully understand the information on this form and have been given the opportunity to have my questions answered.

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

Name (print): \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

Contractor Name: \_\_\_\_\_