

***** SAMPLE *****

Annual Seasonal Influenza Vaccine Refusal Form for Healthcare Workers

Applicant Name: _____ **Phone:** _____ **Date:** _____

In accordance with section 5.4 of the *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers [R23-17-HCW]*, a health care worker may refuse the annual seasonal influenza vaccination requirement provided that he or she provides annual written notice of such refusal prior to December 15 of each year to the health care facility in or at which he or she is employed or volunteering, or with which he or she has an employment contract by signing the statement below:

“I refuse to obtain the annual seasonal influenza vaccination. I understand that, by refusing such vaccination, it is my professional licensing obligation to wear a surgical face mask during each direct patient contact in the performance of my professional duties at any health care facility during any declared period in which flu is widespread. I understand that the consequence for failing to do so shall result in a one hundred dollar (\$100) fine for each violation. Failing to do so may also result in a complaint of Unprofessional Conduct being presented to the licensing board that has authority over my professional license. I understand that such licensing complaint, if proven, may result in a sanction such as reprimand, or suspension or revocation of my professional license.”

Signature of Applicant: _____ *Date:* _____