

Sullivan County Public Health Services

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Employee's Name: _____

Date: _____

I have been advised that I should receive the following vaccine:

Influenza (flu) Vaccine

- Recommended Declined

I have read the Centers for Disease Control and Prevention's (CDC) vaccine Information Statement explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider.

I understand the following:

- The purpose of the need for the recommended vaccine
- The risks and benefits of the recommended vaccine
- SCPHS, the CDC Advisory Committee on Immunization Practices, and the New York State Department of Health have strongly recommended that the vaccine be given to all persons who are determined to be candidates for the vaccine.
- ❖ I understand that I cannot get the flu from the influenza vaccine.
- ❖ Nevertheless, I have decided to decline the vaccine recommended as indicated above by checking the appropriate box under the column titled "Declined."
- ❖ I know that failure to follow the recommendations about vaccination may endanger my health, and the health of others I may come in contact with should I become infected.
- ❖ I know that I may re-address this issue with my health care provider or the SCPHS Immunization clinic at any time and accept vaccination in the future. You may speak with an immunization nurse if you have any additional questions.

I acknowledge that I have read this document in its entirety and fully understand it. I am aware that if I decline the vaccine that I will be required to wear a mask at all times while in areas where patients or residents may be present during the influenza season (influenza prevalence as determined by the state health commissioner) and that this is now a Public Health Law.

Signature _____ Date: _____