

**2022 Healthcare Worker Influenza Vaccination Declination Form**

This form must be completed by all Western Health staff who are declining the 2022 influenza vaccination. This must be a formal documented declination by the individual which is held on record by Western Health.

# I acknowledge that I am aware of the following facts:

* Influenza (commonly known as "the flu") is a serious respiratory disease that kills an average of 3,500 Australians, hospitalises more than 18,000 and causes around 300,000 GP consultations each year.
* Influenza vaccination is recommended for me and all other healthcare workers to prevent the influenza disease and its complications, including death.
* If I contract influenza, I will shed the virus for 24 to 48 hours before the symptoms appear. My shedding the virus can spread the influenza infection to other staff and patients at the facility.
* If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
* I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
* I cannot get the influenza disease from the influenza vaccine.
* The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact including patients in this healthcare setting, my co-workers, my family.
* I may be subject to imposed work restrictions, required to wear personal protective equipment (PPE) at all times and/or may be redeployed from high-risk areas for the duration of the influenza season
* I may be subject to not having meal breaks with other staff in communal areas for the duration of the influenza season

# I am declining to have the influenza vaccine because (please tick the box next your response):

* I have one of the 3 accepted medical exemptions which has been formally approved as an exemption
* Other reason, please specify:

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| --- | --- | --- |
| **First Name:** | | **Last Name:** |
| **Employee No:** | **Date of Birth:**  **/ /** | **Ward/Department:** |
| **Contact No:** |
| **Footscray** 🞏, **Sunshine** 🞏, **Williamstown** 🞏, **Sunbury** 🞏, **JKWC** 🞏 **Baccus Marsh** 🞏 **Melton** 🞏 | | |
| **Clinical Staff Group A/B (Patient contact) Please tick ✓:**  **Medical** ☐  **Nursing** ☐  **Pathology** ☐  **Other** ☐:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Please tick ✓if yes Yes**  **I work in the Emergency Department** ☐  **I work in the ICU** ☐  **I also work at RCH** ☐  **I also work at the Royal Women’s** ☐  **I also work at RMH** ☐ |
| **Non Clinical Staff Group C (No patient contact):** | |  |

I understand that I may change my mind at any time and accept the influenza vaccination if the vaccine is available. I have read and fully understand the information on this non participation form.

# Signed: Date: