

# Influenza Vaccination Declination Form

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy Directive

I, \_\_\_\_\_ (full name) declare that:

- I understand that the NSW Health Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy Directive requires all Category A workers to be vaccinated against influenza each year.
- I have read the NSW Health Influenza fact sheet and NSW Health Influenza vaccination information for healthcare workers and I am aware of the potential risks to myself and/or others as a result of declining the influenza vaccine.
- I decline to receive the influenza vaccine this year (except for those workers where Section 3 *Other Vaccination Requirements, including Requirements in Other Health Settings* of the Policy Directive, applies)
- As I have declined the influenza vaccine, I am aware that I will be required to comply with all other infection control risk reduction strategies (e.g. PPE) while working in a Category A position as per Section 6.2 *Non-compliance with influenza vaccination requirements* of the Policy Directive.
- I understand that I can change my mind at any time and accept influenza vaccination.
- I have read and fully understand the information on this declination form.

Name:

Position:

Contact Number:

Worker/Student ID (if available):

NSW Health Agency/Education Provider: :

Signature

Date