

# UCSC Student Declination of Influenza Vaccination

**UCOP and Student Health Services recommends that I receive influenza vaccination to protect myself, family, friends and others on campus.**

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

- Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
- Influenza vaccination is recommended for me and all our Campus Community to protect us from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear. During the time I shed the virus, I can transmit influenza to other people I come in contact with.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
- I understand that it is impossible to get influenza from influenza vaccine.
- The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact, including my family, friends, coworkers and all who I may come in contact with.
- I understand that I can change my mind at any time and accept influenza vaccination.

**Despite these facts, I am choosing to decline the influenza vaccination due to a disability or religious reason including:**

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**I have read and fully understand the information on this declination form:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (Print)** \_\_\_\_\_

**Student ID #** \_\_\_\_\_