



## Annual Influenza Attestation

Annual influenza vaccination is needed because of antigenic shifts. The vaccine is contraindicated in those severely allergic to eggs or egg protein. The influenza vaccination has been shown to help reduce the spread of influenza to patients and one's family members.<sup>1</sup>

**I understand the need to be vaccinated annually for influenza.**

**I have been vaccinated for influenza this flu season.** Date: \_\_\_\_\_ (on file in agency)

**I have a contraindication to receiving the influenza vaccine.** (on file in agency)

**I decline the influenza vaccine, and I understand that due to my occupational exposure, I may be at risk of acquiring influenza infection. In addition, I may spread influenza to my patients and other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications. Accordingly, I understand that for infection control purposes I will be required to wear a surgical mask (except in the main lobby or cafeteria) throughout the flu season.**

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Signature

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Print Name

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Date of Attestation

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Agency Representative Signature