

# STUDENT/FACULTY INFLUENZA VACCINE

Brookdale Community College

Student/Faculty Name: \_\_\_\_\_ ID # \_\_\_\_\_ Course/Section # \_\_\_\_\_

PROGRAM: \_\_\_\_\_

## ***Influenza Facts for all to know:***

- Influenza is a serious disease. More than 200,000 people are hospitalized each year with flu complications and approximately 36,000 people, of all ages, die from the flu each year.
- You cannot get the flu from the flu vaccine.
- You should get the flu shot if you are pregnant or planning on becoming pregnant.
- Inactivated vaccines are available for people 6 months of age and older.
- The flu vaccine is the most effective way to prevent the flu. Covering your cough with your arm and frequent hand washing helps stop the spread of disease.
- The flu vaccine protects against 3 – 4 strains or types of influenza. Every year research is done to determine which types will be in the vaccine.
- You can spread the flu to others before you are feeling ill or know that you have the flu. The flu is spread through coughs and sneezes, as well as by contact with contaminated hands.
- The stomach flu is not influenza. The main symptoms of influenza are fever, headache, extreme tiredness, dry cough, sore throat and muscle aches.

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Flu Immunization is required annually with this season's currently recommended influenza vaccine OR the student/faculty must sign the Flu Vaccination Waiver.

**Verification of flu vaccine must be attached.**

## **Flu vaccine:**

**Date Received:** \_\_\_\_\_

**Place of Vaccination:** \_\_\_\_\_

**Name of Provider** \_\_\_\_\_

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## **FLU VACCINATION WAIVER**

I understand that Influenza vaccination is required for all health care workers to prevent influenza disease and its complications, including death. I understand the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year. The consequences of my refusing to be vaccinated could endanger my health and health of those with whom I am in contact with. Persons who qualify for a medical exemption must wear a mask in patient care areas and as otherwise advised by the specific health care institution. My signature below indicates that I decline to receive the vaccine.

### **Reason for declination**

I have a medical contraindication – (The only medical contraindications are SEVERE egg allergies, or a history of Guillain-Barre Syndrome. Medical documentation must be provided)

Egg allergy

History of Guillain-Barre syndrome

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_