

### Declination Of Influenza Vaccination California

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Statutory Requirements. Health and Safety Code Section 1288.5 et seq. requires California general acute care hospitals (GACHs) to report influenza vaccination and declination rates to the California Department of Public Health (CDPH). The law requires that each hospital annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee.

[AFI-10-35 - California Department of Public Health](#)

The employer shall ensure that employees who decline to accept the seasonal influenza vaccination offered by the employer sign and date the following statement as required by subsection (h) (10): I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza.

[California Code of Regulations, Title 8, Section 5199 ...](#)

Flu Shots are More Important Than Ever. In an effort to prevent a "twindemic" of COVID-19 and seasonal influenza, we are urging all Californians, 6 months of age and older, to get vaccinated against the flu now. Influenza (flu) is a contagious respiratory illness that can cause mild to severe illness. A bad case of the flu can result in hospitalization or even death.

[Influenza - California Department of Public Health](#)

2020-2021 INFLUENZA VACCINATION WRITTEN DECLINATION FORM. I understand that the California Health & Safety Code section 1596.7995 requires that I obtain a flu shot between August 1 and December 1 each year or provide this declination. I ELECTED NOT TO HAVE A FLU SHOT IN . 20. 20-20. 21. I acknowledge that I was aware of the following facts:

[Sample Influenza Declination Form](#)  
Declination of Influenza Vaccination. My employer, UC Santa Cruz Student Health Services, has recommended that I receive influenza vaccination in order to protect the patients I serve. I acknowledge that I am aware of the following facts: Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year. Influenza vaccination is recommended for me and all other healthcare ...

[Declination of Influenza Vaccination](#)

Health Care Personnel Influenza Vaccination. Health and Safety Code section 1288.7 (a) requires California acute care hospitals to offer influenza vaccine free of charge to all healthcare providers (HCP) or sign a declination form if a HCP chooses not to be vaccinated. Hospitals must report HCP influenza vaccination data to the California Department of Public Health (CDPH), including the percentage of HCP vaccinated.

[Health Care Personnel Influenza Vaccination - California ...](#)

In California, influenza usually begins circulating in early January and continues through February or March. • I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease. • I have declined to receive the influenza vaccine for the 2019-2020 season.

[Sample Influenza Declination Form](#)

2019-2020 INFLUENZA VACCINE DECLINATION FORM PRINT NAME: \_\_\_\_ DOB: \_\_\_\_ I DO NOT WANT A FLU SHOT I acknowledge that I am aware of the following facts: • Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.

[2019-2020 INFLUENZA VACCINE DECLINATION FORM](#)

• Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death. • If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.

[Medical Exemption for Influenza Vaccination](#)

Declination of Influenza Vaccination My employer or affiliated health facility,, recommends that I receive influenza vaccination to protect myself, patients, staff, and others in the healthcare facility. I acknowledge that I am aware of the following facts (please read and check each box): Influenza is a serious respiratory disease.

[Declination of Influenza Vaccination](#)

R. and Regs. 1200-8-1-.06(3)(f) provides that the facility shall have an annual influenza vaccination program which shall include at least the offer of influenza vaccination to all staff and independent practitioners or accept documented evidence of vaccination from another vaccine source or facility.The program shall also include a signed declination statement on record from all who refuse vaccination for other than medical contraindications, education of direct care personnel about ...

[State Immunization Laws for Healthcare Workers and ...](#)

2020 INFLUENZA VACCINE WAIVER/DECLINATION Influenza vaccine is STRONGLY RECOMMENDED FOR HEALTHCARE WORKERS, not only to protect themselves, but to reduce the chance of spreading influenza to our patients and community.

[2020 INFLUENZA VACCINE WAIVER/DECLINATION](#)

I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease. I have declined to receive the influenza vaccine for the 2016-2017 season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all

[DECLINATION FORM FOR SEASONAL INFLUENZA VACCINE](#)

State law requires that general acute care hospitals and certain other health care facilities offer influenza vaccination to employees and, for those employees who decline vaccination, maintain a record of the signed declination form (Health and Safety Code §1288.7; CA Code of Regulations §5199 Aerosol Transmissible Diseases). Order:

[Mandatory Flu Vaccines for Healthcare Staff | Health ...](#)

916-734-3572 Fax 916-734-7510. Influenza Vaccine Declination. 2017-2018. Written declination is required by California law (SB 739) enacted in 2007. I acknowledge that I am aware of the following facts: • Influenza is a serious respiratory disease that kills 36,000 Americans on average every year.

[Influenza Vaccine Declination 2017-2018 - UC Davis Health](#)

• I have declined to receive the influenza vaccine for 2018- 9 season. acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

[DECLINATION FORM FOR SEASONAL INFLUENZA VACCINE 2018-2019](#)

If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others, particularly to those in this healthcare facility that are at high risk for influenza complications. I understand that the strains of influenza virus change each year, which is why influenza vaccination is recommended annually.

[REQUEST FOR MEDICAL EXEMPTION INFLUENZA VACCINATION](#)

Declination form programmes (DFPs) in combination with other strategies have resulted in significant increases in influenza vaccination uptake in HCWs. Aim: Use of external and internal facilitation including local teams and consensus processes to pilot a DFP in two VA SCI centres and evaluate factors influencing implementation.

[Implementing a declination form programme to improve ...](#)

University of California, Santa Cruz Student Health Services. HC: 1093 (10/9/20) Flu Vaccination Declination--Students. 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.

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