NSW Health

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 during the influenza season (1 June to 30 September inclusive), I must wear a surgical mask as a minimum and comply with all other infection prevention and control risk reduction strategies as detailed in the NSW Health Policy Directive Infection Prevention and Control Policy and the Clinical Excellence Commission Infection Prevention and Control Manual for Acute Respiratory Infections (ARIs), while working in a Category A position as per Section 6.1 *Non-compliance with in luenza 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 _____

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