



3560 Farm Hill Blvd
Redwood City, CA 94061
(650) 365-8079

DECLINATION FORM FOR SEASONAL INFLUENZA VACCINE

Name (printed): _____

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 school year or provide this declination.

☐ I DO NOT WANT A FLU SHOT. (Please check the box)

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.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. [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 read and fully understand the information on this declination form. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention in order to prevent infection from and transmission of influenza and its complications. Knowing these facts, I choose to decline vaccination for the current flu season.

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

Signature: _____ Date _____