



Student Health and Counseling Center
3100 Telegraph Avenue, Suite 3105
Oakland, CA 94609
Telephone (510) 869-6629

Flu Vaccination Declination
Form For the 2017-2018 Flu
Season

(Form effective until July 31, 2018)

This form must be APPROVED and SIGNED by your Academic Program Director or Clinical Coordinator *before uploading to the Student Health Portal*

1. Upload a signed copy of this form to Student Health Portal <https://studenthealth.samuelmerritt.edu/>
and
2. Submit 1 copy of **this form to your department's Clinical Coordination**

Check one:

I **decline** the influenza vaccine at this time; and understand that **I will be required to wear a mask** in clinical facilities in which I am giving patient care. I have been informed that if I decline the annual flu vaccine, it may affect my ability to practice in a clinical location and prevent me from progressing in my academic program. I understand that I may change my mind at any time and accept the influenza vaccination, if vaccine is available. **I have submitted this form to Student Health Portal** so that my student health record will be updated.

I have received, read, and understand information concerning the risks and benefits of the vaccine. I acknowledge that California SB 739 requires all healthcare workers (including nursing students) to receive a flu vaccination, or wear a mask in addition to signing a declination form.

Student Print Name

Student Signature

Approved by
Academic Program Director or Clinical Coordinator

Date Approved