

Student Health and Counseling Center 3100 Telegraph Avenue, Suite 3105 Oakland, CA 94609 Telephone (510) 879-9288

## Flu Vaccination Declination Form *For the 2022-2023 Flu*

## Season

(Form effective until July 31, 2023)

This form must be <u>APPROVED and SIGNED</u> by your Academic Program Director or Clinical Coordinator <u>BEFORE</u> uploading to the Student Health Portal

1. Upload a signed copy of this form to Student Health Portal https://samuelmerritt.edu/shac

2. Submit 1 copy of this form to your department's	Cimical Cool umation
Check one:	
I <b>decline</b> the influenza vaccine at this time; and underst clinical facilities in which I am giving patient care. I have it may affect my ability to practice in a clinical location an program. I understand that I may change my mind at any is available. I have submitted this form to Student Healt updated.	been informed that if I decline the annual flu vaccine, ad prevent me from progressing in my academic time and accept the influenza vaccination, if vaccine
I have received, read, and understand information concern acknowledge that California SB 739 requires all healthcare vaccination, or wear a mask in addition to signing a declin	e workers (including nursing students) to receive a flu
Student Print Name	Student Signature
Approved by	