



**Samuel Merritt
University**

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

Flu Vaccination Declination

Form For the 2025-2026 Flu

Season

(Form effective until June 1st, 2026)

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://samuelmerritt.edu/shac>

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