



**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**

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**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.

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**Student Print Name**

**Student Signature**

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**Approved by  
Academic Program Director or Clinical Coordinator**

**Date Approved**