



**Samuel Merritt  
University**

**Student Health and Counseling Center  
525 12th Street, Rm 260  
Oakland, CA 94607  
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**

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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**