



MASTER STAFFING, INC.



INFLUENZA DECLINATION

Last Name

First Name

Middle Name/Initial

In compliance with the California Department of Public Health (CDPH), **Master Staffing, Inc.** requests the confirmation of influenza vaccination and/or informed declination for all nursing personnel. Master Staffing, Inc. must send this information prior to booking.

I have been asked by **Master Staffing, Inc.** to be vaccinated with the influenza vaccine.

I understand that by declining this vaccine:

- I continue to be at risk of acquiring influenza, a serious respiratory disease that is recommended for me and all other healthcare workers to prevent influenza and its complications, including death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear, thus I will be at risk of spreading the virus to patients.
- I may be required to wear a respiratory mask while working at the hospital.
- I will not be able to work at hospitals that require annual influenza vaccinations.
- I will not hold **Master Staffing, Inc.** accountable for any consequences that may arise regarding this matter.

Please check one of the following:

- I refuse vaccination at this time for personal reason.
- I am already immune, and will provide documented proof of my vaccination.
- I am pregnant or breast feeding at this time.

Employee's Signature

Date