



Master Staffing, Inc. *Professional Nursing Care & Services*

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INFLUENZA VACCINATION - DECLINATION FORM

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.
- 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 had the vaccination last (date) _____ .
- I am pregnant or breast feeding at this time.

Employee's Signature

Date

Employee's Printed Name

Verified & Checked by Master Staffing, Inc.

Date