



Influenza Vaccine Waiver

Part 1: To be completed by the student

Last Name: _____ First Name: _____

ID Number: _____ USF E-mail: _____

Influenza vaccine is **STRONGLY RECOMMENDED FOR HEALTHCARE WORKERS**, not only to protect themselves, but to reduce the risk of spreading Influenza to the patients and community. Influenza infection can lead to serious complications and can be fatal, especially in elderly or sick persons, including those who are hospitalized. When infection occurs despite vaccination, it is usually milder. It is the goal of our clinical sites to ensure the health and well-being of their employees, employee’s families and patients. I have been given the opportunity to be vaccinated with the Influenza vaccine and wish to declare the following as cause for my exemption, by **checking “yes” to the applicable statement**:

Part 2: To be completed by the Healthcare Provider

Questions	Yes	No
1. Does the student have a history of allergy to chicken eggs?		
2. Is the student allergic to mercury, or to the preservative Thimerosal, which contains mercury?		
3. Does the student have previous history of adverse reactions to influenza vaccine? <i>Please specify: _____/_____/_____</i>		
4. Does the student have any active neurologic disease, or with a past history of Guillain-Barre syndrome?		
5. Is the student receiving immunosuppressive drug therapy?		

IF YOU HAVE ANSWERED YES TO ANY OF QUESTIONS 1 THRU 5, PROCEED TO WAIVER OF VACCINE SECTION.

WAIVER OF VACCINATION

WAIVER OF VACCINE – Complete if not eligible to receive the Influenza vaccine.

I am not eligible to receive the Influenza vaccine based on my medical history (questions 1-5).

I am not eligible to receive the Influenza virus vaccine and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify the University of San Francisco, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to the Influenza virus vaccine. I can access a copy, INFLUENZA VACCINE – WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of immunity to the Influenza virus result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student Signature: _____

Date: _____

Healthcare Provider’s Signature

Name: _____ Certification: MD / NP / PA / RN

HCP Signature: _____

(Office Stamp)

Date: _____/_____/_____