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- Emergency Medical Service
- Emergency Management Agency
- Local Emergency Planning Committee
- Flood Plains Management
- Homeland Security

H1N1 Vaccination Declination Form

Date (month/day/year) _____

Employee _____
(please print)

I understand that due to my occupational exposure to persons potentially exhibiting influenza like symptoms I may be at risk of acquiring influenza A and the H1N1 novel strain. I have been given the opportunity to be vaccinated with the H1N1 vaccine, either by nasal flu mist or IM injection, at no charge to myself. However, I decline the H1N1 vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the H1N1 virus.

Employee's Signature

Date (month/day/year)