



DECLINATION OF VACCINATION

U.S. Nursing applicant to complete the following:

INFLUENZA VACCINATION DECLINATION

I, _____, understand that I have been requested to supply proof of Influenza Vaccination or agree to the vaccination prior to placement with U.S. Nursing Corporation.

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection; however, I decline the influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

I understand that I cannot be placed at a U.S. Nursing facility that requires the Influenza Vaccination.

I agree to hold harmless both facility and U.S. Nursing, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Influenza Vaccination.

Signature _____

Date _____