



Declination of Influenza Vaccination

South Dakota State University College of Nursing recognizes the importance of preventing influenza, a serious and, in some cases, deadly illness. Annual influenza vaccinations protect patients, employees, licensed independent practitioners (physicians, advanced practice nurses, physician assistants), students, volunteers and visitors from exposure to influenza. Accordingly, annual influenza vaccination is a requirement for ongoing clinical experiences for students. Only medical contraindication to the influenza vaccination and/or a sincerely held religious belief requiring abstention from receiving the influenza vaccination qualify a student as exempt from receiving such vaccination. Medical contraindications and religious exemptions must be re-assessed each year and an updated declination form must be completed on an annual basis.

Religious Exemption

_____ I maintain a sincerely held religious belief requiring abstention from receiving the influenza vaccination.

Medication Exemption

(please mark any that apply and attach the requisite medical documentation signed by your licensed health care provider – MD, DO or advanced practice provider):

_____ I have a history of Guillan-Barre' Syndrome within 6 weeks of receiving the influenza vaccine.

_____ I have a severe allergy to eggs or egg products (Egg-free vaccine is available for persons 18-49 years of age).

_____ I have another medical contraindication to the influenza vaccine. Note: Exemption from the annual influenza vaccination will only be permitted for an evidence-based medical contraindication to seasonal influenza vaccination, which I confirmed by a licensed medical provider (MD, DO or advanced practice provider).

I acknowledge that South Dakota State University College of Nursing required that I receive the influenza vaccination in an effort to protect me, clinical employees, and the patients we serve. I understand that because I work in a health care environment, I may place employees, my colleagues, and the patients we serve at risk if I work while infected with the influenza virus. Accordingly, I further understand that since I have a medical contraindication to the influenza vaccination and/or maintain a sincerely held religious belief requiring abstention from receiving the influenza vaccination. **I will be required to wear an approved surgical mask covering my nose and mouth, at all times, while physical present in any building where patient care is delivered**, regardless of location within such building(s) for the time period: from November 1st of the current year through and until the conclusion of the influenza season, which shall be determined by the applicable state specific Departments of Health.

Student Name (Print): _____ Student ID: _____

Student Signature: _____ Date: _____