



MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS
VACCINATION DECLINATION

(PRINT) Student Name _____ Date _____

Influenza Vaccination Declination

I understand that due to the nature of health care and the volume of individuals that I may come in contact with, I may be at risk of acquiring an influenza virus. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the current influenza vaccination as identified by the Centers for Disease Control for the current influenza season as part of the program's requirements. I have been encouraged by the faculty to be vaccinated; however, I decline the influenza vaccination at this time, I understand that by declining this vaccine, I continue to be at risk of acquiring influenza. By signing this form, I agree to assume the risk of potential exposure to influenza and hold the Maricopa Community College Allied Health Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the virus. I also understand that, due to the contagious nature of the virus, that a health care setting may not accept my placement if I refuse vaccination.

Student Signature

Date

This form cannot be used in CastleBranch Medical Document Manager.

DO NOT upload this document into CastleBranch or myClinicalExchange. If your program is using CastleBranch (CB) Medical Document Manager, you will need to obtain their Influenza Vaccination Declination Form from CastleBranch website or your Program Director or Clinical Coordinator. CastleBranch will require proof of Declination of Flu Immunization due to Religious Beliefs: or Declination due to Medical Contraindication: (Medical Provider to indicate reason for contraindication).