Community Hospital
of the Monterey Peninsula
Montage Health

Seasonal Influenza Vaccination Declination
2023 - 2024 Season

Complete and return to Employee Health
(Interoffice mail, Fax: 831-625-4647 or drop off @ Employee Health, Ryan Ranch 20 Ragsdale Dr., Suite 202, Monterey, Ca 93940)

Full name (print)_____ **Employee #**_____

Department_____

I understand that influenza is a transmissible disease, and therefore I may be at risk of acquiring seasonal influenza. I acknowledge I have been given the opportunity to be vaccinated against influenza at no charge to me. At this time I choose to decline influenza vaccination understanding that by declining this vaccine I may be at increased risk of acquiring influenza. Additionally, I understand that during the season for which the CDC or Monterey County Department of Health recommends administration of influenza vaccine I can choose to change my mind and receive the vaccination at no charge to me.

I understand that by declining influenza vaccination, **I will be required to wear a surgical mask while working in patient care areas and or agency designated areas during the 2022-23 influenza season by order of the Health Officer of Monterey County.**

I understand if I have been vaccinated elsewhere I must provide documented proof of vaccination. I also understand a surgical mask must be worn during the specified influenza season until documentation of vaccination is received by Employee Heath. Please refer to information on the CHOMP intranet for specific areas requiring masking during influenza season.

Please complete items 1-3 below and check or initial all appropriate boxes:

1.) I am affiliated with CHOMP/Montage Health as:

- ☐ Employee
- ☐ Medical Staff/Allied Health Staff
- ☐ Volunteer (please circle one): Auxiliary Hospice Chaplain/Eucharistic Minister Canine Other
- ☐ Student
- ☐ Contracted Employee
- ☐ CHI
- ☐ Aspire

2.) I have been vaccinated elsewhere and I have provided proof of 2022-23 influenza vaccination to CHOMP/Montage Health, Employee Health: **Initial here** _____

3.) Reason for declining 2022-23 influenza vaccination:

- ☐ I have a history of severe allergic reaction to a vaccine, a vaccine component (including egg protein) or history of Guillain-Barre Syndrome (GBS) within six weeks after a previous influenza vaccination.
- ☐ Other reason:_____
- ☐ I have been vaccinated elsewhere and do not have proof of vaccination**. I understand I must wear a surgical mask in patient care areas during the influenza season as defined Monterey County Department of Public Health**.

Signature _____ Date_____