



# WESTWAYS STAFFING SERVICES, INC.

## Declination of the Influenza Vaccination

I decline to accept the influenza vaccine. I understand that if I am refusing to be vaccinated, I may endanger my health, the health of my family and loved ones, and the patients that I may come in contact with. I am declining the vaccine for the following reason(s) *check all that apply*

- I have already received the influenza vaccine for this flu season
  - I intend to receive the influenza vaccine from my own healthcare Provider
  - I have a contra-indication to receiving the vaccine and/or my physician has advised me not to be vaccinated
  - I do not believe the vaccine is necessary or will prevent me from getting the flu
  - I do not have time to be vaccinated and/or it is too inconvenient to get vaccinated
  - Other:
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Westways Representative

\_\_\_\_\_  
Date