

Influenza Vaccination Declination



Instructions for Completing Vaccination Declination

- Complete all required fields in the colleague / candidate information section.
- Sign and date this form. **Upload to your Project Concert record under “(YEAR) Influenza Vaccine”**

Individual Information

Name: _____ Date: _____

Student ID Number: _____

I Decline the Influenza Vaccination on the following grounds:

Medical

Personal/Religious (Brief Rationale): _____

NOTE: You may be required to follow accommodation requirements as determined by your clinical site.

This vaccine requirement is held by many of MCCN's clinical partners thus may be a condition by which students may attend clinical at a given facility.

Any clinical agency has the right to refuse an individual access to care delivery at the facility based on the individual's vaccination status. Some sites may not accept MCHS-approved declination request, such as Nationwide Children's Hospital, psychiatric facilities, and/or long-term care facilities.

If a student is denied access to a clinical facility, the College will attempt to provide a substantially equivalent alternative experience to provide the opportunity to meet clinical (and course) objectives. However, in the event that similar appropriate clinical experiences cannot be secured or provided, the individual is subject to the associated impact on the ability to progress in and/or complete the program of study; thus, may be required to withdraw from the course or the program.

Individual Certification

By signing below I acknowledge the above information and hereby decline the Influenza Vaccine.

Signature: _____ Date: _____