



H1N1 Flu Vaccination Declination Form

I _____ . Occupation: _____ may transmit H1N1 to patients or other healthcare workers or my family even though I have no symptoms of H1N1.

ATC Healthcare has offered the vaccine to no charge to me. By signing this form I decline the vaccination at this time. However, I have the option to get vaccinated at any time in the future.

I have been provided the education materials about the H1N1 vaccination. My declination is due to the following reasons:

- I have already been vaccinated for this season
- I plan to get vaccinated elsewhere
- I do not believe the vaccinations will prevent me from getting infected
- I am afraid of shots
- Other: _____

Employee Signature

Date: _____