Notification of Risk of Influenza & Documentation of Vaccination Status

The CSUB Department of Nursing, local healthcare agencies, and the Centers for Disease Control and Prevention (CDC) recommend that I receive influenza vaccination to protect me and the patients I serve.

I, _____________________________, acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in healthcare facilities.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- The strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
  - my patients and other patients in the healthcare setting
  - my colleagues, including healthcare agency staff and CSUB students, staff, and faculty
  - my family
  - my community

I understand that I can change my mind at any time and accept influenza vaccination, if the vaccine is available. I understand that I may contact the CSUB Health Center for more information about vaccination availability and cost.

I have read and fully understand the information on this vaccination status self-report. I understand that this information may be shared with outside agencies. By submitting this self-report I am verifying that the information provided is accurate and I authorize the CSUB Department of Nursing to use and share this information as needed.

Please select one:

- ☐ I have already received my influenza vaccination on _____________   _____   ________  
  (month)            (day)       (year)

- ☐ I have chosen to decline influenza vaccination at this time for the following reasons:
  (Please check all that apply)
  - ☐ I believe I will get influenza if I get the vaccine.
  - ☐ I do not like needles.
  - ☐ My philosophical or religious beliefs prohibit vaccination.
  - ☐ I have an allergy or medical contraindication (see CDC list) to receiving the vaccine.
  - ☐ I do not wish to say why I decline.
  - ☐ Other (please describe):  _________________________________
Notification of Risk of Pertussis & Documentation of Vaccination Status

The CSUB Department of Nursing, local healthcare agencies, and the Centers for Disease Control and Prevention (CDC) recommend that I receive pertussis vaccination to protect me and the patients I serve.

I, _______________________________ acknowledge that I am aware of the following facts:

- Pertussis is a very contagious respiratory disease. In 2009, 17,000 cases of pertussis were reported in the United States. In 2010, a pertussis outbreak resulted in 9,477 cases in California alone—the highest number of cases in the state since 1945.
- Vaccine protection for pertussis fades with time, so adults need a booster shot (Tdap).
- Pertussis vaccination is recommended for me and all other healthcare workers to protect our patients from pertussis disease, its complications, and death.
- If I contract pertussis I may be contagious for weeks; however, my symptoms may be mild enough that I am not aware that I am spreading a potentially life-threatening infectious disease.
- Children who are too young to be fully vaccinated and those who have not yet completed the primary vaccination series are at highest risk for severe illness. All 10 deaths in the 2010 California outbreak were related to unvaccinated infants.
- Pertussis is most severe for babies; more than half of infants younger than 1 year of age who get the disease must be hospitalized. About 1 in 5 infants with pertussis develop pneumonia and about 1 in 100 will have convulsions. The case-fatality rate among infants less than 3 months of age in the 2010 California outbreak was 1.8%.
- I cannot get pertussis from the pertussis vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
  - my patients and other patients in the healthcare setting
  - my colleagues, including healthcare agency staff and CSUB students, staff, and faculty
  - my family
  - my community

I understand that I can change my mind at any time and accept pertussis vaccination, if the vaccine is available. I understand that I may contact the CSUB Health Center for more information about vaccination availability and cost.

I have read and fully understand the information on this vaccination status self-report. I understand that this information may be shared with outside agencies. By submitting this self-report I am verifying that the information provided is accurate and I authorize the CSUB Department of Nursing to use and share this information as needed.

Please select one:

☐ I have already received my pertussis vaccination on _____________   _____   ________
                      (month)           (day)      (year)

☐ I have chosen to decline pertussis vaccination at this time for the following reasons:
(Please check all that apply)

☐ I believe I will get pertussis if I get the vaccine.
☐ I do not like needles.
☐ My philosophical or religious beliefs prohibit vaccination.
☐ I have an allergy or medical contraindication (see CDC list) to receiving the vaccine.
☐ I do not wish to say why I decline.
☐ Other (please describe): _______________________________

3/28/11 CSUB Nursing/DB