

## Appendix A – Declination of Influenza Vaccination

Please complete the applicable section(s) and return this form along with requested documentation to the Occupational Health Nurse by email [healthnurse@sah.on.ca](mailto:healthnurse@sah.on.ca), by fax 705-759-3826 or by interoffice mail (Box 105) marked "Confidential."

### To be completed by employees who decline Influenza Vaccination.

I, \_\_\_\_\_ (print name) understand that SAH is committed to offering employees the seasonal influenza vaccination. I understand that work restrictions and reassignment during an influenza outbreak will be in accordance with the language set out in the Ontario Hospital Association Communicable Diseases Protocol for all Ontario Hospitals and the collective agreement.

I have declined the offer to be vaccinated this year.

#### REASON:

Medical (please describe) \_\_\_\_\_

Personal Choice / Other

A Medical Certificate **is required** for employees reporting a medical exemption from Influenza vaccination.

I consent to the release of my medical exemption status to my manager (or designate) for the purpose of outbreak management.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_