OUHSC & OU-Tulsa Student Influenza Declination Form

*Adapted from the OUHSC Infectious Disease Policy - Dec. 2020 version*

This form is to be used by students declining the influenza vaccination for the current flu season.

Name (print): __________________________ OUHSC Student ID #: __________

College: __________________________ Campus Location: __________________

I decline to receive an influenza vaccination for one of the following two reasons (initial one):

_______ I certify that I have been advised by my health care provider that I am unable to receive the vaccine in any medium this flu season due to a medical condition, such as an allergy, illness, or a history of severe reaction.

OR

_______ I certify that receiving the flu vaccine in any medium conflicts with my moral or religious tenets.

FURTHER, I understand and acknowledge each of the following:

_____(initial) I understand that I may be asked to provide supporting documentation of the reason stated above.

_____(initial) By declining to receive the influenza vaccination this flu season for the above reason, I understand and agree that I must follow preventive measures required by my dean including, but not limited to:

  - Wearing an appropriate surgical-style mask while in any patient area or areas of potential patient contact from November 1 to March 1, or that flu season as defined by the CDC or campus administration, and/or
  - Being excluded from certain patient care areas

_____(initial) I understand that failure to adhere to preventive measures required will result in a Professional Concerns Report (PCR). I understand that failure to be vaccinated may limit my ability to rotate through certain clinical sites, including OUMI hospitals, which may delay or interfere with my ability to complete my program.

I hereby certify and affirm that the above information is true and accurate and complete. I understand that a copy of this approved Declination form must be uploaded to my programs preferred immunization compliance tracking system (Complio, PeopleSoft, or some other system as detailed by your academic program). I understand that Student Health maintains a list of all OUHSC students who decline the influenza vaccination. As a student of the University of Oklahoma Health Sciences Center, I authorize Student Health or my College to release written confirmation that I have declined the influenza vaccination, as well as the date of my declination, to OU Health Physicians, OUMI, VA Medical Center or other health care entities that require confirmation of my influenza vaccination status prior to permitting me to participate in or provide services that require access or potential access to their patients or facilities.

Student Signature: __________________________ Date: __________

For Completion by OUHSC/OU-Tulsa Administration:

Reviewed/Approved by: ____________________________________________ Date: __________

Office & Title: __________________________________________________________________