

Influenza Vaccination Exemption/ Mask Requirement Form

(Submit to Preventive Medicine or Occupational Health Clinic
after completing below)

The Commanding Officer, Naval Hospital Bremerton, and the Department of Health Affairs are requiring, as a condition of employment, that I receive influenza vaccination in order to protect the patients I serve as well as myself. I am aware that this vaccination is a condition of employment and if I refuse to receive the vaccine for reasons other than valid and documented medical or religious reasons the employer can seek administrative and/or disciplinary action.

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 required for me and all other healthcare workers who provide direct patient care in order to prevent influenza disease and its complications, including 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 infection to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that 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 the influenza disease from the influenza vaccine.
- The consequences of my not being vaccinated could endanger the health of those with whom I have contact, including:
 - patients in this healthcare setting
 - my family
 - my coworkers
 - my community

I understand that while performing work in which there may be patient interaction I will be required to wear a surgical mask during the period(s) of significant flu activity in Kitsap County (as determined by NHB's Infection Prevention Committee) if I do not receive the influenza vaccination for any reason.

I also understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.

I have read and fully understand the information on this form.

Signature: _____ Date: _____
Name (print): _____
Department: _____