Influenza Vaccine Declination

I verify that the information provided in this form is true. I understand that I may not be able to attend clinical in some health care settings without having had the influenza vaccine (as dictated by the University of South Carolina College of Nursing contract with the agency).

I will not have the influenza vaccination due to the following medical reason/s:

- ☐ Severe allergy to eggs
- ☐ Significant reaction to flu shot in the past
- ☐ History of Guillain-Barre syndrome
- ☐ Severe blood clotting disorder
- ☐ Current acute moderate/severe infection
- ☐ Currently pregnant or breastfeeding (denied vaccine by OB/GYN or Pediatrician)
- ☐ Other medical reason: (must specify) ________________________________________________

I refuse to have the influenza vaccination for the following non-medical reason:

- ☐ Influenza vaccine not currently available
- ☐ Other non-medical reason: (must specify) _____________________________________________
  _____________________________________________
  _____________________________________________

Student Name (print): _________________________________ USC ID: ______________

If DNP student, what concentration? ☐ AGACNP ☐ APRN ☐ FNP ☐ NEL ☐ PMHNP
If CERT student, what concentration? ☐ AGACNP ☐ FNP ☐ NA ☐ NE ☐ NI ☐ PMHNP
If MSN student, what concentration? ☐ AGACNP ☐ FNP ☐ MEPN ☐ NA ☐ NE ☐ NI ☐ PMHNP
If BSN student, what track? ☐ Columbia (4 yr.) ☐ Lancaster (4 yr.) ☐ Salkehatchie (4 yr.) ☐ RN-BSN

Student Signature: ___________________________________   Date: _________________

Required Signature Approval by:

___________________________________    Date: _________________

Cheryl Y. Nelson, MBA
Assistant Dean for Student Affairs, College of Nursing