

**New Haven Assisted Living & Memory Care**  
**Employee Flu Vaccine Declination Form**

Employee Name: \_\_\_\_\_

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

Due to the severe vulnerability of the senior population to the flu virus, New Haven is providing the flu vaccine to all uninsured employees free of charge. All employees are encouraged to receive the flu vaccine in order to prevent the spread of flu. The Centers for Disease Control (CDC) recommends the flu vaccine during each flu season which is typically October through March.

By signing this form, you are attesting to your knowledge of availability of the flu vaccine as provided by New Haven, and you are refusing the vaccine. You are NOT REQUIRED to receive the flu vaccine; however, if you are refusing the flu vaccine, you ARE REQUIRED to properly (cover nose & mouth) wear a mask during work hours for the entire flu season. Mask must be changed every day. Administrator and Wellness Supervisor are accountable for ensuring all non-vaccinated staff are wearing masks during shift.

I am declining the flu vaccine and understand my responsibility to properly wear a mask during each shift.

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