



Stony Brook School of Nursing

Flu Vaccination Declination/Acknowledgement Form

The NYSDOH Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel, effective 7-31-13, is described in detail on the NYS Department of Public Health's web site at:

http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/

This regulation requires that all personnel working in areas where patients may be present have documentation of vaccination to influenza or wear a surgical or procedure mask in designated patient care areas during the period when the NYS Commissioner of Health determines that influenza is present.

This regulation applies to all personnel, including faculty, students and volunteers. All health care facilities licensed under Article 28 (hospitals, nursing homes, diagnostic and treatment centers, and adult day healthcare facilities), Article 36 of the Public Health Law (certified home health agencies, long term home healthcare programs, AIDS home care programs, licensed home care service agencies, and limited licensed home care service agencies) and any hospice established pursuant to Article 40 of the Public Health Law are subject to the regulations.

I am declining to obtain an influenza vaccination as described within the NYSDOH Regulation for Prevention of Influenza Transmission by Health care and Residential Facility and Agency Personnel, effective 7-31-13.

I acknowledge that I have read and understand the requirements of this regulation including the requirement to wear a surgical or procedure mask in designated patient care areas during the period when the NYS Commissioner of Health determines that influenza is present.

Print Name

Date

Signature

SB UID#