



Influenza "Flu" Virus Statement

EZ Staffing, Inc. is pleased to offer all our employees the Influenza "Flu" Virus Vaccine through our contracted provider. Healthcare Providers are at an increased risk of acquiring this serious disease due to patient contact. Please contact a member of our Nursing Department and they will schedule your appointment. Please check the appropriate box below, sign, date, and print your name.

Who Should Consider Receiving Flu Vaccine?

All employees who may reasonably anticipate occupational exposure to airborne or other potentially infectious materials.

To avoid serious complications, the CDC recommends that the following groups get immunized against the Influenza Virus.

1. Age Groups

- a. Healthy children 6 through 59 months of age
- b. People 50 years of age or older
- c. Anyone who is a household contact or caregiver of any of the above age groups, including those who are household contacts or caregivers of children who are newborn through 23 months old

2. Medical conditions:

- a. Anyone who has asthma/anemia and other blood disorders, heart disease/ kidney disease/ lung disease/ metabolic disease, such as diabetes.
- b. Anyone whose immune system is weakened because of
 - HIV/AIDS or other diseases that affect the immune system
 - Treatment with drugs such as long-term steroids
 - Cancer treatment with radiation or drugs
- c. Women who will be pregnant during influenza season
- d. Anyone 6 months through 18 years of age on long-term aspirin treatment (who could develop Reye's syndrome if he or she got influenza)

3. Others at risk

- a. Residents of long-term care facilities housing persons with chronic conditions
- b. Physicians, nurses, household contacts, and caregivers of anyone who has any of the medical conditions listed above

4. Others who should consider influenza vaccination include:

- a. Anyone who is in contact with those who, because of age or medical condition, are at risk (see Medical Conditions)
- b. People who provide essential community services
- c. Travelers to the southern hemisphere between April and September, or those traveling to the tropics any time of the year
- d. Students and staff at schools and colleges (to prevent outbreaks)
- e. Anyone who wants to reduce the likelihood of getting influenza

I. Influenza "Flu" Virus Vaccination

Immunization/vaccination is a reasonable approach to control exposure to risk levels in many classes and especially in health care workers. Employees are encouraged to seek and maintain safe levels of immunization against those diseases that are "high risk" or "high priority" by nature of their infectious rates, their prevalence, and/or their potential for effects to the employee, their family and the community.

I request to receive the Influenza Vaccine for the Flue Season. (Further instruction of vaccine info/location will be given to applicant)

II. Influenza "Flu" Virus Attestation

I have already received the Influenza Vaccine. (Enclose a copy of vaccination record).

Clinic/Location Where Vaccinated

Date Vaccinated

III. Influenza "Flu" Virus Declination

Written declination is required by new California law (SB 739) beginning in 2007.

I decline to receive the influenza vaccination for the influenza season despite the facts listed in this form. I understand that I can change my mind and accept influenza vaccination, if vaccine is available. I am aware that I might be required to wear a surgical mask during the influenza season.

I acknowledge that I was made aware of the following facts by EZ Staffing, Inc.

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Flu virus changes often, making annual vaccination is necessary. Immunity following vaccination is stronger for 2 to 6 months. In CA, influenza usually arrives around New Years through February or March.
- I understand that flu vaccine cannot transmit influenza. It does not, however, prevent all disease.
- I have declined to receive the influenza vaccine for the season. I acknowledge that influenza vaccination is recommended by CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family and my community.
- I understand the benefits and risks of influenza vaccination. I do not wish to receive Influenza vaccination right now for the following reasons:

- I believe I will get the flu if I get the shot.
- I do not like needles.
- I do not wish to say why I decline

- My philosophical or religious beliefs prohibit vaccination.
- I have a medical contraindication to receiving the vaccine.
- Other reason – please tell us. _____

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

Print Name

Classification / Department

Signature

Date

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