# Immunization Declination

INDIAN HILLS COMMUNITY COLLEGE
*Life. Changing.*

Health Sciences students may be exposed to blood, body fluids, respiratory droplets, and other potentially infectious materials in lab and clinical settings. Immunizations are strongly recommended to protect students, patients, and healthcare personnel.

Students declining one or more immunizations must initial and sign this form.

**Vaccine Declination (Check and Initial all that apply)**

☐ Influenza (Flu) Vaccine _____

I understand influenza is a contagious respiratory illness that may cause serious complications. By declining vaccination, I remain at risk of acquiring and transmitting influenza. I understand clinical agencies may require masking or restrict clinical participation during flu season.

☐ COVID-19 Vaccine _____

I understand COVID-19 is a contagious viral illness that may result in severe disease. By declining vaccination, I remain at risk of acquiring and transmitting COVID-19. I understand clinical agencies may impose requirements such as masking, testing, reassignment, or denial of placement.

☐ Hepatitis B Vaccine _____

I understand that due to occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated; however, I decline at this time. I understand I remain at risk of acquiring Hepatitis B, a serious disease. I may choose vaccination in the future.

By signing below, I acknowledge I understand the risks of declining the selected immunizations. I understand the potential health risks to myself and others. I understand this decision may impact my ability to participate in clinical educational experiences. I understand that I may choose to receive these immunizations in the future and will provide documentation at that time.

Name: _____

Signature: _____ Date: _____