



**INFLUENZA VACCINE
DELINATION FORM**

I am declining the Influenza Vaccination.

I understand that due to my occupational exposure to the influenza virus, I may be at risk of acquiring the influenza virus. I have also been asked if I have any questions regarding this information and if I had questions, they were fully answered to my satisfaction. I understand that my insurance coverage will cover the cost of the vaccine at no charge to myself. I am declining the influenza vaccination for the following reasons:

___ Medical reasons ___ Personal (non-medical) reasons ___ Religious reasons

I, [redacted], decline the influenza vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the influenza virus. If, in the future, while employed by Tri-Med Home Care Services, Inc., I continue to have occupational exposure to the influenza virus and I want to be vaccinated with the vaccine, that my insurance will cover the cost at no charge to me. I understand that I must wear a surgical mask at all times while providing care to my patient. I can obtain the mask at Tri-Med Home Care Services, Inc. free of charge.

UNVACCINATED PERSONAL MASKS ATTESTATION

I am an employee of Tri-Med Home Care Services, Inc. and I understand that my exposure to patients at their facilities put me at risk of acquiring the disease. Therefore, I will obtain a mask and wear it during all working hours.

I fully understand that unvaccinated healthcare personnel must wear mask wherever patients are typically present. This would include, but not limited to patient's home when providing home care.

However, masks should be changed when:

- o After leaving the room or completing care of the patient, resident, or client on isolation precautions;
- o Whenever it is soiled or might have become soiled or;
- o Per the protocol of the Agency
- o Homecare personnel are expected to change masks from house to house.
- o Hand Hygiene should always be performed after removing contaminated masks.

This regulation requires the use of either surgical or procedure mask, which may also be labeled as laser, isolation, dental, or medical procedure mask. It has to be secured by ties or ear loops. A face shield is not required.

Masks received Date: _____

Initial: _____

Signature of Employee

Date

Agency Representative

Date