



**HOMES AND SENIORS SERVICES**

**INFLUENZA (FLU) VACCINE REFUSAL FORM – COUNTY OF ELGIN STAFF**

A discussion was held today with respect to my refusal of the influenza vaccination and the following points were covered:

- Influenza vaccine – **“Not the alternative measures available”** – is the preferred option for influenza prevention per Public Health recommendations.
- A copy of the County of Elgin “Immunization – Staff Influenza” policy has been provided to me and I understand the policy, procedure and protocol that will be followed.
- I also understand that if there is an influenza outbreak and an order is issued by the Medical Officer of health under Section 22 of the Health Protection and Promotion Act, I will be sent home without pay until the outbreak is declared over unless I choose an alternative antiviral medication as per Public Health recommendations.

In the event of an outbreak being declared at the home, I am aware that:

I may still receive the influenza vaccine. I must provide documentation to the IPAC manager, and I will need to wait for 2 weeks to pass in order to return back to work (if still in outbreak)

I must not return to work until the outbreak is declared over; if I choose not to take anti-viral therapy or not to receive the influenza vaccine.

I understand the anti-viral measures as discussed in County of Elgin “Immunization – Staff Influenza” and I will provide evidence satisfactory to the Home that they received and filled a prescription for antiviral medication.

In the event of an outbreak I consent to: *(choose most likely response in the event an outbreak is declared; note you may change choice at point in time)*

- Receiving influenza vaccine
- Taking antivirals (eg. Tamiflu)
- Not participating in the alternative measures available and will remain off work unpaid until the outbreak is declared over

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

Employee Name (Print) and Department

Employee Signature

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

Manager (witness)