



MARICOPA COMMUNITY COLLEGE DISTRICT
 ALLIED HEALTH PROGRAMS
 VACCINATION DECLINATION

(PRINT) Student Name _____ Date _____

Influenza Vaccination Declaration

~~Understanding that due to the nature of health care and the nature of influenza, I may come~~

in contact with, I may be at risk of acquiring an influenza virus. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the

~~requirement of influenza vaccination as mandated by the employer in order to enter the program~~

declining this vaccine, I continue to be at risk of acquiring influenza. By signing this form, I agree

~~to accept the risk of contracting influenza while working in the program, and I understand that I am~~

~~waiving my right to sue the college, the health care facilities I attend as part of my clinical experiences~~

harmless from liability in the event I contract the virus. I also understand that due to the

~~nature of the vaccine, health care facilities may not be able to provide a vaccine if I refuse~~

vaccination.

 Student Signature _____ Date _____

This form cannot be used in CastleBranch Medical Document Manager

DO NOT upload this document into CastleBranch or myClinicalExchange. If your program is using

~~CastleBranch (CB) Medical Document Manager, please use the Influenza Vaccination~~

~~Declination Form from CastleBranch website or your Program Director or Clinical Coordinator~~

CastleBranch will require proof of Declination of Flu Immunization due to Religious Beliefs; or Declination

due to Medical Contraindication: (Medical Provider to indicate

reason for contraindication).