



**MARICOPA COMMUNITY COLLEGE DISTRICT
ALLIED HEALTH PROGRAMS
VACCINATION DECLINATION**

(PRINT) Student Name _____ Date _____

Influenza Vaccination Declaration

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

declining this vaccine, I continue to be at risk of acquiring influenza. By signing this form, I agree to be held harmless from liability in the event I contract the virus. I also understand that, due to the nature of the vaccine, health care settings may require a blood sample 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, you must 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).