



I understand that in the classroom, laboratory and/or clinical setting or during the course of my employment with Platt College, I may be exposed to influenza. I also understand that many healthcare facilities require proof of receipt of the influenza vaccination for students and faculty annually in order to be allowed to provide patient care in those environments.

I understand the School of Nursing at Platt College requires that I be vaccinated with the influenza vaccine.

I decline the influenza vaccine at this time. I understand that by declining this vaccine, I must comply with the requirements of individual healthcare facilities for masking. I also understand that I may be exposed to influenza and have the potential to spread influenza to vulnerable patient populations within healthcare facilities.

Further, I will not hold the School on Nursing at Platt College liable if I contract influenza or for any issues that may result from my lack of compliance with healthcare facility requirements for masking. I understand that I will not be covered by worker's compensation through Platt College if I contract influenza by signing this declination.

Signature of Student/Employee _____ Date _____

Signature of Platt College Administrator (witness) _____ Date _____