



**San José State**  
UNIVERSITY

**School of Nursing**

One Washington Square  
San José, CA 95192-0057  
Voice: 408-924-3131  
Fax: 408-924-3135  
<http://www.sjsu.edu/depts/casa>

Director:  
Dr. Jayne Cohen

**SJSU School of Nursing Student and Staff  
Immunization Declination Form**

I understand that due to my occupational exposure to potentially infectious agents, I may be at risk of acquiring the virus for influenza and/or I may inadvertently put clients at risk due to my communicability. I am aware that I lack proof of immunity to the 2009-2010 Influenza virus strains. I have been notified that it is in my best interest to receive 2009-2010 Flu vaccine. However, I decline vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza. If in the future I continue to be exposed to this virus and I want to be vaccinated, I can receive the vaccination series at the provider of my choice and provide proof of vaccination to the SJSU School of Nursing.

---

Printed Name

---

Signature

---

Date