

**2018 Flu Vaccination Declination Form**  
**BLANK FORMS WILL BE AVAILABLE ON SITE**  
**DUE TO HIPAA REGULATIONS, COMPLETED FORMS WILL**  
**NOT BE COLLECTED ON SITE**  
**STUDENTS/STAFF/FACULTY, PLEASE SAVE A COPY OF THIS FORM FOR YOUR**  
**RECORDS TOO!**

Please select your reason for Declination from the following choices:

- You have given me the opportunity to be vaccinated with the influenza vaccine for **this flu season** & I choose to decline the vaccination at this time.
- I have already received the influenza vaccine for **this flu season** at the **below listed location** and I am thus declining the vaccination offered by TUSDM.

*Location:*

- Tufts University HR Flu Clinic
- Other Location:

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

Name (Please Print) \_\_\_\_\_

- UG Student Year \_\_\_\_\_
- PG Student Year \_\_\_\_\_
- Staff
- Faculty Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**All students/staff/faculty:** Please complete, **sign** & submit your form **in PERSON, FAX or via E-MAIL** by **December 15, 2018** to:

Patty DiAngelis  
Department of Comprehensive Care, DHS – 4, Room 416  
Fax: 617-636-6834  
Email: patricia.diangelis@tufts.edu

**\*\*DO NOT TAKE A  
PHOTO AND EMAIL A  
PHOTO. PHOTOS TEND  
TO BE TOO DARK TO  
PRINT.\*\***

**All UG & PG Students:** Please send a copy of vaccination declination **to Lucia Fenney at the SAHA office** or fax 617-636-2708.”