



**Wichita State University**  
**Department of Human Performance Studies**  
**Master of Science in Athletic Training**

Influenza Vaccine Declination

I, \_\_\_\_\_ understand that due to my occupational exposure to patients with colds and illnesses, I may be at risk of acquiring Influenza. I have been given the opportunity to be vaccinated with the Influenza vaccine at my own expense. However, I decline the Influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Influenza, a serious disease. I also understand that I may be refused placement at clinical sites that require proof of the Influenza vaccination. If in the future, I continue to have occupational exposure to patients with colds or illnesses and I want to be vaccinated with the Influenza vaccine, I can initiate the vaccination at my own expense.

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

