



UNIVERSITY OF SOUTH CAROLINA

College of Nursing

Influenza Vaccine Declination

I verify that the information provided in this form is true. I understand that I may not be able to attend clinical in some health care settings without having had the influenza vaccine (as dictated by the University of South Carolina College of Nursing contract with the agency).

I will not have the influenza vaccination due to the following medical reason/s:

- Severe allergy to eggs
Significant reaction to flu shot in the past
History of Guillain-Barre syndrome
Severe blood clotting disorder
Current acute moderate/severe infection
Currently pregnant or breastfeeding (denied vaccine by OB/GYN or Pediatrician)
Other medical reason: (must specify)

I refuse to have the influenza vaccination for the following non-medical reason:

- Influenza vaccine not currently available
Other non-medical reason: (must specify)

Three horizontal lines for specifying non-medical reasons.

Student Name (print): USC ID:

- If DNP student, what concentration?
If CERT student, what concentration?
If MSN student, what concentration?
If BSN student, what track?

Student Signature: Date:

Required Signature Approval by:

Signature line and Date line for Cheryl Y. Nelson, MBA, Assistant Dean for Student Affairs, College of Nursing.