



Annual Education on Influenza Risks and Immunization Declaration of Influenza Vaccination Decline

I, _____, acknowledge the annual education requirement regarding the significant risks associated with influenza for frail older adults, the preventive measures to minimize exposure risks, and the availability of immunizations within the provider's service area.

Regarding Influenza Risks for Frail Older Adults

I understand the significant risks, including the risk of death, that frail older adults face when exposed to the influenza virus.

Regarding Steps to Minimize Risks of Exposure

I am aware of the preventive measures that homecare aides can take to minimize the risks of exposure to influenza, including immunizations.

I acknowledge the importance of practicing proper hygiene and infection control measures in my role.

Regarding Locations of Immunization Resources

I am informed about the locations of resources within the provider's service area where immunizations are available.

I appreciate the effort made by our organization to highlight locations offering free or low-cost influenza vaccinations for employees.

Declaration of Influenza Vaccination Decline

I respectfully decline to receive the influenza shot for personal reasons.

I understand that this decision comes with associated risks and commit to taking extra precautions to minimize the risk of influenza exposure to our participants, such as rigorous hand hygiene, maintaining a safe distance when feeling unwell, and using personal protective equipment as appropriate.

SIGNATURE

Home Care Aide

Date: