

**NORTH ISLAND COLLEGE
HEALTH AND HUMAN SERVICES PROGRAMS**

IMMUNIZATION DECLINATION FORM

Faculty and students in health and human services disciplines are at risk of exposure to communicable diseases because of their contact with clients or materials from clients with infections.

Faculty In the Health and Human Services Programs at North Island College are encouraged to be immunized against Hepatitis B, Influenza, Measles (Red), Mumps, Rubella (German), Varicella (Chickenpox), Tetanus and Diphtheria prior to beginning employment. During the course of their employment with the College, they are encouraged to receive an annual influenza immunization.

It is the right of faculty to decline any or all of these immunizations. NIC will not distinguish between those who decline immunization due to a valid medical contraindication and those who decline due to personal conviction. Those who do decline immunization must comply with health facilities' policies and procedures regarding the exclusion of non-immunized staff.

Non-immunized faculty who are excluded from practice due to health facilities policies would have the following options:

1. Take a leave without pay.

2. Choose to take antiviral medication.

This typically takes 24 hours to provide protection, during which time the faculty member would be required to take leave without pay.

3. Take the vaccine(s).

Vaccines take 14 days to provide protection, so the faculty member would need to take leave without pay during this time.

4. Influenza Immunization - Wear a mask

Wear a surgical mask in patient care areas for the duration of the influenza season (dates to be determined by the Provincial Health Officer).

Faculty members that are allergic to the vaccine(s) or have medical conditions where vaccination(s) are contraindicated, are an exception. They will remain on the payroll during any time that they cannot work in a facility due to an outbreak, provided that they submit medical documentation of their allergy and/or condition.

I, _____, am declining the indicated immunization(s) below. I am aware that I can choose to receive the immunization(s) at some later date and will notify North Island College if I so choose.

Tetanus/Diphtheria	<input type="checkbox"/>	MMR	<input type="checkbox"/>
Hepatitis B #1	<input type="checkbox"/>	Varicella	<input type="checkbox"/>
Hepatitis B #2	<input type="checkbox"/>	Seasonal Influenza	<input type="checkbox"/>
Hepatitis B #3	<input type="checkbox"/>		

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I, _____, do not have the indicated immunization(s) below because I am allergic and I have attached medical evidence.

- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| Tetanus/Diphtheria | <input type="checkbox"/> | MMR | <input type="checkbox"/> |
| Hepatitis B #1 | <input type="checkbox"/> | Varicella | <input type="checkbox"/> |
| Hepatitis B #2 | <input type="checkbox"/> | Seasonal Influenza | <input type="checkbox"/> |
| Hepatitis B #3 | <input type="checkbox"/> | | |

I have read the above information and I am aware of the risks to me if I choose not to receive specifically recommended immunizations.

Signature _____ Date _____