

DECLINATION OF VACCINATION

U.S. Nursing applicant to complete the following:

INFLUENZA VACCINATION DECLINATION

I, _____, understand that I have been requested to supply proof of Influenza Vaccination or agree to the vaccination prior to placement with U.S. Nursing, LLC. However, I decline the Influenza Vaccination. I understand that I cannot be placed at a U.S. Nursing facility that requires the Influenza Vaccination.

I agree to hold harmless both facility and U.S. Nursing, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Influenza Vaccination.

Signature _____

Date _____