

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Human Resources Division

REF-6869.1  
July 21, 2017

ATTACHMENT A

**ANNUAL DECLINATION OF INFLUENZA VACCINE**

**Senate Bill (SB 792)**

As of September 1, 2016, SB 792 prohibits a person from being employed or volunteering at a day care center if he or she has not been immunized against Influenza on a yearly basis. Each employee and volunteer shall obtain an influenza vaccination between August 1 and December 1 of each year. *A person is exempt from the requirement of this section only if the person submits a written declaration that he or she declines the Influenza vaccination.*

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other providers to protect this school's children and staff from Influenza, its complications, and death.
- If I contract Influenza, I can shed the virus for 24 hours before Influenza symptoms appear. Shedding the virus can spread Influenza to children and staff in this facility.
- If I become infected with Influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that the strains of virus that cause Influenza change almost every year and also that immunity declines over time. This is why vaccination against Influenza is recommended each year.
- I understand that I cannot get Influenza from the Influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

Despite these facts, I am choosing to decline the Influenza vaccination right now.

I understand that I can change my mind at any time and accept the Influenza vaccination, if the vaccine is still available. I have read and fully understand the information on this declination form.

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee #** \_\_\_\_\_  **Volunteer** **DOB** \_\_\_\_\_

**School / Department** \_\_\_\_\_ **Position** \_\_\_\_\_

Health Professional's Office  
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**Return form to:**

**U.S Mail:** LAUSD: Employee Health Services – SB 792  
333 S Beaudry Avenue, 14-110  
Los Angeles, CA 90017

**Email:** [Employeevaccines@lausd.net](mailto:Employeevaccines@lausd.net)

**FAX:** (213) 241-8918