



**Middle Tennessee State University
School of Nursing
Influenza Waiver**

Name: _____
Last First Middle

Date of Birth: _____ Phone: _____
Month/Day/Year

After reviewing CDC information and guidelines of the Seasonal Influenza, <http://www.cdc.gov/flu/>, **I wish NOT to receive the vaccine at this time** due to being allergic to a component of the vaccine or having a history of Guillain-Barré Syndrome. I understand that as a result of NOT being immunized for the seasonal influenza, I will be required to wear a mask during my clinical rotations.

____ I certify that I have discussed the risks of declining the Seasonal Influenza vaccination with my healthcare provider. I understand that by not having a Seasonal Influenza vaccination that I may be at risk for contracting Influenza.

Student signature: _____

Healthcare Provider signature: _____

Date: _____