

August 2021 through May 2022

#### Updated 08/2021

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For the protection of students, employees and patients, students enrolled in Maricopa Community Colleges Allied Health Programs (that include assignment to patient care facilities such as hospitals, ambulatory care clinics, skilled nursing facilities and other health care settings) requires that students comply with the following policies, in addition to policies and procedures in the catalogs and student handbooks

Students must be able to fully and successfully participate in all program activities whether

a process. If you are unsure if the facility to which you have been placed provides accommodations, please visit the myQinicalExchange system to confirm and obtain directions for requesting accommodations.

## To meet this requirement:

Upload a copy of proof of COVID-19 vaccine proving vaccination.

1. Provide proof of two-dose vaccination of Pfizer-BioNTech or Moderna vaccine.

The Td vaccine protects against tetanus and diphtheria, but not pertussis. Following administration of Tdap, a Td booster should be given if 10 years or more since the Tdap. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap can be administered regardless of interval since the previous Td dose.

To meet this requirement:

Provide documentation of a Tdap vaccination administered after the age of 11 and then a Td vaccination every 10 years thereafter.

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*, which usually infects the lungs, but can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria develops tuberculosis. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal. All students entering a MCCCD Healthcare Program are required to upload documentation showing negative TB disease status. Documentation may include a negative 2-step Tuberculosis Skin Test (TBST) or negative blood test (QuantiFERON or T-Spot) performed within the previous six (6) months. The TBST or negative blood test must remain current throughout the semester of enrollment.

To maintain compliance with annual TB testing requirements, students who initially submitted a 2-step TBST may submit a current 1-step TBST for subsequent annual testing. A TBST is considered current if no more than 365 days have elapsed since the date of administration of the second of the 2-step TBST. Most recent skin testing or blood test must have been completed within the previous six (6) months.

If you have ever had a positive TBST, you must provide documentation of a negative blood test or negative chest X-ray. You will also need to complete a TB Symptom Screening Questionnaire annually.

To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider.

Follow the steps below:

- Step 1
- 1. Administer first TST following proper protocol
- 2. Review result
- \*Positive consider TB infected, no second TST needed; evaluate for TB disease (x-ray)
- \* Negative a second TST is needed. Retest in 1 to 3 weeks after first TST result is read.

3. Document result

Step 2

- 1. Administer second TST 1 to 3 weeks after first test is read
- 2. Review results
- \* Positive consider TB infected and evaluate for TB disease (x-ray).
- \*Negative consider person not infected.
- 3. Document result

## OR

2. Submit documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last six months.

OR

3. Submit documentation of a negative chest X-ray if TBST or Blood Testing is positive.

- 4. If you have a positive TBST, provide documentation of negative chest X-ray or negative blood test and a completed MCCCD Healthcare Program Tuberculosis Screening Questionnaire. The questionnaire can be found in the American DataBank Medical Document Tracker. This questionnaire must be completed annually.
  - Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have student full name.

MCCCD Healthcare Program students may be exposed to potentially infectious materials, which can increase their risk of acquiring hepatitis B virus infection, a serious disease that can cause acute or chronic liver disease, which can lead to a serious, lifelong illness. MCCCD Healthcare Program recommends that all students receive the hepatitis B 3-vaccine series administered over a 6 month period. Obtain the first vaccination; the second is given 1 - 2 months after the first dose and the third injection is 4 - 6 months after the first dose.

Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HepBSab antibodies in the blood. This titer is recommended but not mandatory.

Students may choose to decline the hepatitis B vaccine; however, lack of immunity to hepatitis B means that students remain at risk of acquiring the disease.

## Options to meet this requirement:

1. Submit a copy of laboratory documentation of a positive HbsAb titer.

- OR
- 2. Upload a copy of your immunization record, showing completion of the two dosage Hepatitis injection or three dosage Hepatitis B injections. If the series is in progress, upload a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.
- OR
- 3. Upload a copy of your signed Hepatitis B declination noting that by declining the vaccine you continue to be at risk of acquiring hepatitis B, a serious disease. MaricopaNursing declination form is available in American DataBank.

Please Note: If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have student full name.

Influenza is a serious contagious respiratory disease, which can result in mild to severe illness. Susceptible individuals are at high risk for serious flu complications, which may lead to hospitalization or death.

The single best way to protect against the flu is annual vaccination. A flu vaccine is needed every season because: 1). the body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection; 2). because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season.

Students are required to be vaccinated <u>every flu season</u> and to upload documentation proving annual vaccinations.

## To meet this requirement:

Upload a copy of proof of flu vaccine proving annual vaccination.

Please Note: All documentation is required to have student full name.

Please Note: Documentation must contain the following information (Student Name, Facility/Ste Name, Date of Administration, and Renewal Date).

CPR is a procedure performed on persons in cardiac arrest in an effort to maintain blood circulation and to preserve brain function. MCCCD Healthcare Program students are required to learn CPR by completing an acceptable Basic Life Support course. CPR certification must include infant, child, and adult, 1-and 2-man rescuer, and evidence of a hands-on skills component. Due to Accreditation and clinical partners' requirements, American Heart Association CPR is recommended to be completed. Please be aware that different areas of study may have other requirements and CPR requirements are subject to change. CPR courses are offered at numerous locations throughout the greater Phoenix area. The American Heart Association provides in-person courses and an hybrid course. Students who complete online courses must complete the hands-on skills training and testing. CPR training without the hands-on skills training and testing component will not be accepted. Students are required to maintain current CPR certification throughout enrollment in the program.

To meet this requirement:

Upload a copy of the signed CPR card (front and back) or CPR certificate.

All students admitted to any MCCCD Healthcare Program are required to obtain and maintain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card (FCC). The FCC must remain current throughout every semester of enrollment in the program in which the student is enrolled in a clinical experience. If the FCC is suspended or revoked at any time during the program, the student must report this to the Director within five (5) school days and will be unable to continue in the program until the FCC is reinstated.

## To meet this requirement:

Upload a copy (front and back) of a current Level One DPS Fingerprint Clearance Card.

Must be completed and signed by a licensed healthcare provider (M.D., D.O., N.P., P.A.) within the past six (6) months of start date.

## To meet this requirement:

Upload a copy of the signed Statement of Health Clearance completed within the past six (6) months of start date.

All students admitted to MCCCD Healthcare Program are required to show a "Pass" result on the MCCCD-required supplemental background screening completed within the past six (6) months through American DataBank. Information regarding the background clearance is obtained from MCCCD Healthcare Program following your acceptance into the program.

Please note that results for the American DataBank self

- E. If a student tests positive for substances, the lab will contact the Medical Review Officer (MRO) contracted by the Maricopa Community Colleges. The MRO will contact the student to elicit any prescriptive drug usage and will subsequently inform the Allied Health Program Director or designee as to the final results. The Program Director or designee will receive from the lab written notification that the student is under MRO review. This notification will be made immediately upon the initiation of an MRO review.
- F. For a student to challenge the results that have been MRO reviewed, and released, the student will call the Medical Review Office at 1-321-821-3383. At that time they will state that a dispute is being requested, and the process will be provided in full to the student by the MRO staff. First, a fee of \$250.00, credit/ debit or check, will be required as paid. This fee is set up, and structured, by the Medical Review Office, and is not collected for American DataBank. Once testing has been completed, the results will be released to the Medical Review Office to be re-reviewed. Phone interviews will take place as needed. Upon the retest being done, the disputed results will be sent to American DataBank.
- G. Please note, even in the event that the results disputed do not change, the report will be released as a new report. This upholds the legal requirements that are provided to the student. This updated report will be reflected in the Complio account as the result of the retest.
- H. Final point to know during a drug screen dispute process the specimen that is tested will not be a new specimen from the applicant. Any dispute must be done by the original specimen that was collected, that provided the result on the report being challenged. Any dispute actions that will be taken by a student are asked to be done promptly in order to be able to completely provide the requested services. If a new collection is being requested from an applicant, that will require a new registration form purchased through their Complio account.
- I. If the MRO determines there are safety sensitive issues/ concerns related to a

and a student may be on temporary exclusion from the program until the evaluation is completed. Students testing positive for drugs that are illegal

the clinical setting by the MRO will not be permitted to attend allied health didactic and clinical courses. In the event that a student is withdrawn from classes, the student may invoke their rights under the MCCCD Student Conduct Code. Students who are licensed or certified in a health profession by the State of Arizona and test positive for these drugs will be reported to their respective Boards.

Students testing positive and needing an MRO evaluation will be responsible to pay for the cost of the MRO review. In the event a student fails to pay the MRO fee, a financial obligation will be posted to his/ her collegeaccount

В.

transportation

service and arrange

for student transport to a designated medical service facility contracted by Maricopa Community Colleges.

- C. The student is to have a picture ID in his/ her possession.
- D. After testing, the student may call the transportation service contracted by Maricopa Community Colleges for transport home. (Total Transit 2077 account 2003)
- E. If the student admits to alcohol or drug use, he/ she will still requiredrug screening.
- F. If the results of the test(s) are negative for drugs, alcohol, or other illegal

transported home.

2. Failure to comply with any aspect of this policy will result in withdrawal from the program. In the event there is a withdrawal from classes, the student may invoke their rights under the MCCCD Student Conduct Code.

Students withdrawn from Allied Health programs for reasons related to substance abuse will:

- A. Submit a letter requesting readmission to the Allied Health Program.
  - 1. Include documentation from a therapist specializing in addiction behaviors indicating status of abuse, addiction, or recovery and/ or documented rehabilitation related to the alcohol/ drugillness.
  - 2. Include documentation of compliance of a treatment program as identified by the therapist including a statement that the student will be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.
- B. Repeat drug screen for alcohol/drugs immediately prior to readmission.

Allied Health program, has positive resultson an alcohol/drug screen, the student will receive permanent dismissal from the Allied Health Program.

If a student has his/her/their continuation in a class or the academic program called into question based upon a positive drug test, a failed background check, or a code of

clinical site, the student will be afforded due process prior to being removed from the class/ program.

Students are strongly advised and may be required by some clinical facilities to carry their own health and accident insurance.

- A. Given the potential exposure to communicable disease it is highly recommended that students in Allied Health Programs carry health care insurance at all times while enrolled in the program. Some clinical agencies may require those students who come to that facility for clinical learning experiences have health care insurance Each student is personally liable for any illness or accident during or outside of school activities.
- B. While students are participating in any academic or clinical learning experience, they have limited accident coverage by the Student Accident Insurance Policy. They are not covered in any activity outside of school

1. Goves shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially

performing vascular access procedures, and when touching contaminated items or surfaces.

- 2. Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- 3. Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations and will depend upon the task and the degree of exposure anticipated.
- 4. Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.
- 5. Hands shall be washed immediately after removal of gloves or other personal protective equipment. (Excerpts from OSHA Blood borne Pathogens Section 1910.1030)
- G. When exposure to other hazardous materials such as disinfectant solutions is a possibility, appropriate PPE and safe handlingprotocols shall be used.
- A. If exposed to blood from a needle stick or blood or body fluid comesin contact with mucous membranes or an open wound during a clinical experience the student should:
- B. Cleanse the area with soap and water and flush mucous membranes with water immediately.
- C. Report the incident immediately to the site or clinical instructor.
- D. The student should seek triage within 15 minutes of the exposure and receive treatment from your chosen Emergency department or Urgent Care or Walk-in

occupational/employee health clinic. The student will need to provide their personal health insurance information. The student accident insurance provided by MCCCD is secondary. NOTE: The student accident insurance is for one year from the date of accident. If the exposure requires follow up treatment longer than one year from the date of accident, the student will be incident report for the clinical agency and forward a copy to Risk Management.

- G. The Allied Health Program Director may assist the student in completing the Public Safety College student incident report, Public Safety will forward to Risk Management.
- H. The Clinical Site Supervisor or Program Director must inform the source patient of the incident and encourage the patient to have testing after consent is obtained. The exposed student should be tested for HIV antibodies within 10 days and students would be responsible for the costs of this testing. The Clinical Instructor and/ or Program Director are to document the exposure accident and provide copies for the student file.

Students enrolled in a program of study in Allied Health are responsible for conducting themselves in a professional manner at all times. Some specifics of professional behavior include

A. all verbal, electronic, and written information relating to patients/ clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone or removed from a health care facility unless written permission has been given by the clinical agency to remove such information Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality will result in disciplinary action, up to and including possible dismissal from the program and/ or course. Refer to the <u>Student Confidentiality Agreement</u> (within Forms section or obtain from Program Director).

- B. The Maricopa Community College District Allied Health Programs support Zero Tolerance Policy. Any Allied Health Program student engaging in any of the following behaviors or other misconduct is subject to immediate dismissal from Allied Health classes, respecting the student due process and disciplinary action as described in the Student Handbook of the college.
  - 1. Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
  - 2. Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
  - 3. Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.

students providing allied health

clients, health care providers, and staff professionally. Clients can expect those providing Allied Health services to act in their best interests and respect their dignity.

1. The student should abstain from excessive personal disclosure,

relationships.

- 2. In a student role, professional boundaries exist among the student, the instructor, the clinical staff, and the client. Students unclear of proper behavior or of an appropriate response to a client should consult the instructor for guidance.
- D. proper hygiene and professional appearance are expectations of all Allied Health Programs.
  - 1. Students must dress according to their specific Allied Health Program requirements.
  - 2. Dress and appearance for the clinical experience are also found in program specific requirements and include but may not be limited to:
    - a) Subtle makeup.
    - b) Hair pulled back from face and out of the field of operation, in a professional standard style and, if dyed,

extenders, are worn, they must be conservative and kept clean at all times.

- c) If worn, beards and moustaches must be neatly trimmed.
- d) Fingernails must be clean and, if performing patient care, must also be short and neatly trimmed.
- e) <u>Proper hygiene:</u> bathe/ shower daily; use deodorant, wear freshly laundered uniforms/ lab coats, etc. for each clinical visit. Avoid use of perfume, cologne, strong smelling body lotion or creams; brush teeth (2x day minimum) and floss daily, avoid smoking or use of tobacco products.
- f)

quizzes, tests, exams and other academic activities will be construed as cheating and treated accordingly. Any response to a PED must only be completed during break using the PED or a public telephone.

All students enrolled in Allied Health Programs have the following duty to report:

- A. Students holding or receiving certification or licensure in a health profession must remain in good standing with the Board that issues their certification or licensure. Students receiving any disciplinary actions against their certificate and/ or licensemust notify their Program Director within five (5) school days.
- B. Any student who an arrest or conviction must notify their Program director within (5) school days.
- C. Any student who has their fingerprint card revoked or suspended or modified in anyway must notify their Program director within (5) school days.

D.

participation in clinical experiences and involvement in patient care until the certificate/ license or fingerprint card is valid and unrestricted.

## A. Definitions

- 1. Religion or creed: includes traditional, organized religions but also religious beliefs, including those that are new, uncommon, not part of a formal church or sect. All aspects of religious belief and observances that are sincerely held will be considered as part of this policy
  - a. *Religious Practice or Belief:* A sincerely held practice or observance that includes moral or ethical beliefs as to what is right and wrong, most commonly in the context of the cause, nature and purpose of the universe. Religion includes not only traditional, organized religions, but also religious beliefs that are new, uncommon, not part of a formal religious institution or sect, or only subscribed to by a small number of people. Social, political, or economic philosophies, as well as mere personal preferences, are not considered to be religious beliefs.
- 2. Religious Accommodation: A reasonable change in the work or academic environment that enables a student or employee to practice or otherwise observe a sincerely held religious practice or belief without undue hardship on the college or District.
  - a. A reasonable religious accommodation may include, but is not limited to:
    - 1. Time for prayer during a work day,
    - 2. The ability to attend religious events or observe a religious holiday, or

## tation, or

pregnancy/parenting status. This Policy prohibits Sexual Harassment and Discrimination in any college education program or activity, which means all academic, educational, extracurricular, athletic and other programs

2. Any person who has experienced, witnessed, or otherwise knows of Sexual Harassment or Discrimination prohibited under this Policy is to report such

to help you find the resources you might need, to explain all reporting options, and to respond appropriately to conduct of concern. Such conduct is to be reported to the Title IX Coordinator as soon as possible after it occurs. The Title IX Coordinator tracks all reports of Sexual Harassment or Discriminat commitment is demonstrated through the value of inclusion, the implementation of policies and regulations that serve to prohibit discrimination and by practicing non-discriminatory actions in both our employment and academic activities.

- 2. This means that Maricopa will not discriminate, nor tolerate discrimination, against any applicant, employee, or student in any of its policies, procedures, or practices.
- 3. This policy covers all selection and decision practices of the employment relationship, as well as admission to, access to, and treatment of students in Maricopa's programs and activities.
- 4. The Maricopa County Community Colleges District does not tolerate discrimination in employment or education, against any applicant, employee, or student on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship status (including document abuse), age, disability, veteran status or genetic information.

<u>The following are a list of forms included in this manual:</u> Assumption of Risk and Release of Liability Consent for Release of

# MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS

this Program and agree to abide by them. I have carefully read this Voluntary Assumption of Risk and Release of

# [01/2021]

I (print name) \_\_\_\_\_\_ give permission for the Allied Health faculty and/or Allied Health Director/Chair of the Program in which I am enrolled to share personal information about me including name, **student identification number**, date of birth and verification that the Program has evidence that I have met all the health and safety requirements of the Allied Health Program. This information will be provided to clinical agencies where I am assigned so that I may complete mandated pre-

# [01/2021]

These Policies prescribe standards of conduct for students enrolled in MCCCD Allied Health Programs. The standards are in addition to those prescribed for students under Maricopa Community Colleges policies and administrative regulations. Violation of any such standard may serve as grounds for program dismissal, suspension, or other discipline.

Every student is expected to know and comply with all current policies, rules, and regulations as printed in the college catalog, class schedule, college student handbook, and specific MCCCD Allied Health Program student handbook. Copies are available at many sites throughout the college.

I have received a copy of the Allied Health Programs Policies. I understand this handbook contains information about the guidelines and procedu

## Summary of Oriminal Background Check Requirements effective September 1, 2011 Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community Colleg important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The **American DataBank** data collection form may ask for the following information but the form may change from time to time:

Homeland Security Search

- 8. By virtue of the MCCCD supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:
  - Social Security Search Social Security number does not belong to applicant
  - Any inclusion on any registered sex offender database
  - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
  - Any conviction of Felony no matter what the age of the conviction
  - Any warrant any state
  - Any misdemeanor conviction for any of the following regardless of the age of thecrime
    - o violent crimes
    - o sex crime of any kind including non consensual sexual crimes and sexual assault
    - o murder, attempted murder
    - o abduction
    - o assault
    - o robbery
    - o arson
    - o extortion
    - o burglary
    - o pandering
    - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation

- 10. I understand that if a clinical agency to which I have been assigned does not accept me based on my criminal background check, it may result in my inability to complete the Program. I also understand that MCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
- 11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
- 12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

Signature

Date

Printed Name

Desired Health Care Program

## MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281 -6942

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1.40		ю.

Date:

Use this worksheet as a guide to ensure that you have documentation of each requirement. **DO NOT** upload this document into **American DataBank** or myClinicalExchange. Only supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement should be uploaded.

Additional information regarding acceptable documentation for each requirement can be found on the

American DataBank website. MCCCD requires all students to meet the placement requirements as set up by our program s most stringent clinical partner. We do this for ease of random placement.

#### Health and Safety Requirements Worksheet (continued)

#### Tuberculosis (continued)

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in American DataBank).

Date:

Hepatitis B To meet requirement:

Positive HbsAb titer Date: \_\_\_\_\_ Result: \_\_\_\_\_
OR
 Proof of 2 Hepatitis B vaccinations

	Hepatitis B vaccine/dates: #1 OR	#2		
2.				
3.	Proof of 3 Hepatitis B vaccinations			
	Hepatitis B vaccine/dates: #1	#2	#3	
	OR			

4. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a HBV Vaccination Declination form.

Flu Vaccine To meet requirement:

Documentation of current annual flu vaccine Date:

# **Clearance for Participation in Clinical Practice** It is essential that allied health students be able

## NURSING AND ALLIED HEALTH PROGRAMS

Stud	ent Name	Date
Prog	gram	Student ID

I decline the seasonal influenza vaccine due to religious beliefs and/or medical contraindications as indicated by my initials below.

I understand and agree that

**1.** By