



MARICOPA COMMUNITY COLLEGE DISTRICT  
 ALLIED HEALTH PROGRAMS  
 VACCINATION DECLINATION

(PRINT) Student Name \_\_\_\_\_ Date \_\_\_\_\_

Influenza Vaccination Declaration

in contact with, I may be at risk of acquiring an influenza virus. The health requirements for the allied health program in which I am enrolled, as described in the Student Handbook, include the

declining this vaccine, I continue to be at risk of acquiring influenza. By signing this form, I agree

harmless from liability in the event I contract the virus. I also understand that, due to the nature of the virus, health care settings may require me to wear a mask if I refuse vaccination.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This form cannot be used in CastleBranch Medical Document Manager

DO NOT upload this document into CastleBranch or myClinicalExchange. If your program is using

CastleBranch (CB) Medical Document Manager, please contact your Program Director or Clinical Coordinator

for more information. CastleBranch will require proof of Declination of Flu Immunization due to Religious Beliefs; or Declination due to Medical Contraindication: (Medical Provider to indicate reason for contraindication).