



Health Services  
LOS ANGELES COUNTY

EMPLOYEE HEALTH SERVICES

DECLINATION  
2024-25 SEASONAL INFLUENZA

Mandatory Employee Health 2024-25 SEASONAL INFLUENZA Vaccine Declination

Centers for Medicare and Medicaid Services require acute care hospitals to report data to the Centers for Disease Control and Prevention (CDC) and the State on influenza rates for workforce members. All information will be handled in a confidential manner. Please complete the form and return it to Employee Health Services for processing. To protect your information, you may complete this form and place it in a sealed envelope.

PLEASE PRINT LEGIBLY

DOB (MM/DD/YY)

Grid for DOB (MM/DD/YY)

E or C #

Grid for E or C #

LAST NAME

Grid for LAST NAME

FIRST NAME

Grid for FIRST NAME

Worksite selection checkboxes: LA GENERAL MEDICAL CENTER, LA GENERAL HAWKINS, HARBOR, OLIVE VIEW, RANCHO, CORRECTIONAL HEALTH, JUVENILE COURT, ACN, HSA, EMS, COMMERCE, MLK, OTHER.

E # STAFF

C # STAFF

DHS County Employee section with fields for Paid by DHS, Title, Dept., Ext.

OR

Contract, Non-County/Non-DHS Workforce Member section with fields for Title, Dept., Ext., Agency/School and various professional roles.

SECTION I: MEDICAL CONTRAINDICATIONS

Table with columns YES, NO, CHECK THE APPROPRIATE BOX. Rows: Have you had a severe allergy reaction...? Do you have a history of Guillain-Barré syndrome...?

SECTION II – I DO NOT WANT A FLU SHOT (Must complete in full if declining)

Declination section with text: I decline the influenza vaccination... I decline vaccination for the following reason(s): I am aware that I will be required to wear a surgical mask... Must include completed post-test... Your Signature, Date

EMPLOYEE HEALTH SERVICES ONLY

Date received: Post-Test attached Entered into database Initials