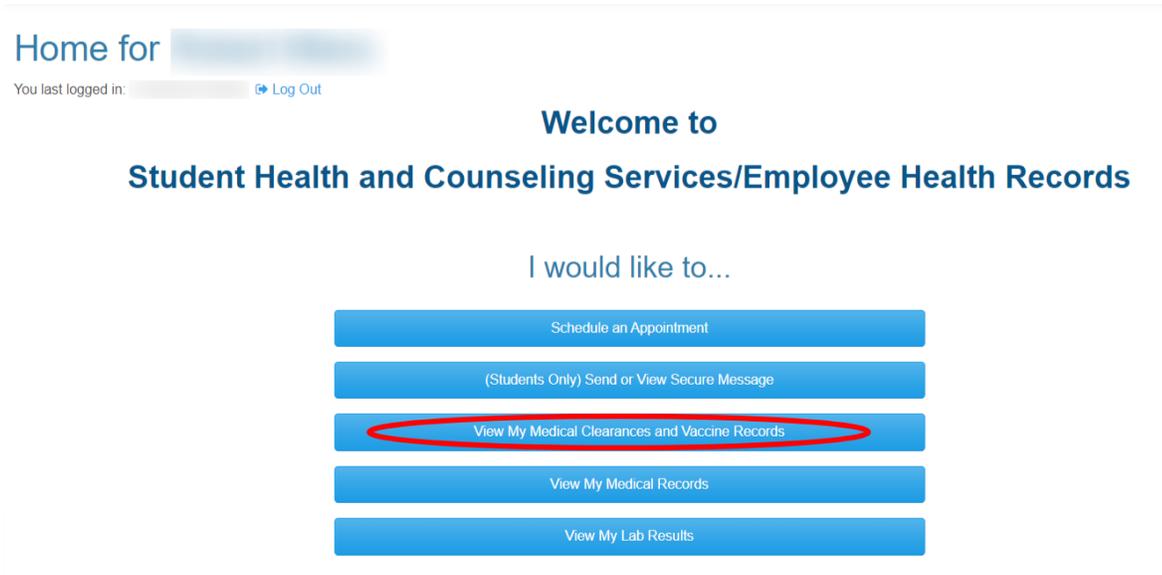
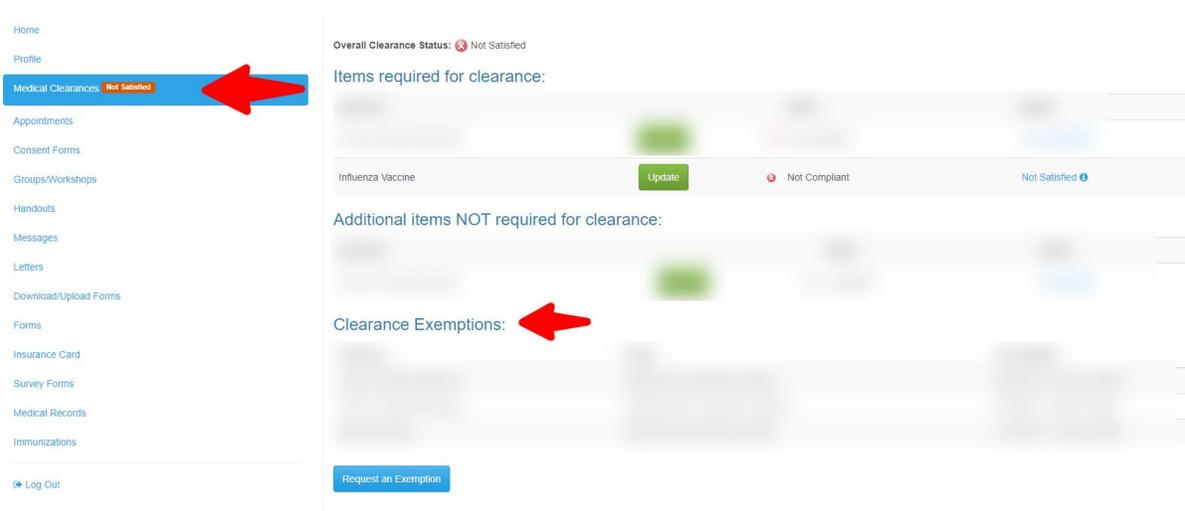


Influenza Vaccine Declination Process 2023-2024:

- Click on the patient portal link: [Patient portal](#).
 - If you are not directed to the UCR Employee Health Record System or are unable to log in, please contact UCR ITS for assistance:
 1. Tel: 951-827-4848
 2. To Place a Support Ticket with ITS: [UCR - Home - UCR - Portal \(service-now.com\)](#)
 - Click on the third blue box, “View My Medical Clearances/Vaccination Records,” in the center of the Page.



- On the next screen, scroll down to the Clearance Exemptions section located at the bottom of the page.



- Click on the blue “Request an Exemption” button. This will take you to the Declination option

Clearance Exemptions:

Clearance	Status	Last Updated

Request an Exemption

- Read the declination form for “**Influenza 2023-2024**.”

Request an Exemption

Declination of Influenza Vaccination

The University of California Riverside recommends that all members of the community, except those who have medical contraindications, receive a vaccination to protect against influenza (flu) during the 2023-2024 flu season. I understand that:

1. According to the <https://www.cdc.gov/flu/season/faq-flu-season-2023-2024.htm> vaccination against the seasonal respiratory disease influenza or “flu” has long been accepted as a safe and effective way to prevent millions of illnesses and thousands of related doctor and hospital visits every year. Flu vaccination in adults substantially reduces the risk of severe illness. By getting vaccinated, a person can also protect those around them, including those who are more vulnerable to serious flu illness.
2. Influenza is a serious respiratory disease. Each year in the United States, influenza kills thousands of people and causes hundreds of thousands of hospitalizations.
3. Influenza vaccination is recommended to protect our campus staff, faculty and students from influenza, its complications, and death.
4. If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear. During the time I shed the virus, I can transmit influenza to others.
5. If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others. Symptoms that are mild or non-existent in me can cause serious illness and death in others.
6. I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended every year.
7. I understand that it is impossible to get influenza from influenza vaccine.
8. The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact.

I acknowledge that:

1. I have read and understand the information provided in this informed refusal.
2. I DO NOT agree to have the vaccine as recommended.

I am choosing to decline the Influenza (flu) vaccine and I am attesting and agreeing to:

- Any additional NPIs (Non-Pharmaceutical Interventions), social distancing, or other requirements or restrictions specified by my campus or local public health authorities.
- I can change my mind at any point in time and receive the vaccine.

- Click the form in the dropdown menu, select “**Influenza Vaccine**”, then click the blue “**continue**” option. **Additional comments/explanation is NOT required.**

I acknowledge that:

1. I have read and understand the information provided in this informed refusal.
2. I DO NOT agree to have the vaccine as recommended.

I am choosing to decline the Influenza (flu) vaccine and I am attesting and agreeing to:

- Any additional NPIs (Non-Pharmaceutical Interventions), social distancing, or other requirements or restrictions specified by my campus or local public health authorities.
- I can change my mind at any point in time and receive the vaccine.

Clearance

Influenza Vaccine

Continue

- Select a reason and choose “I have elected to decline influenza vaccination for the current academic year.”
- Click submit, and you will see in the clearance exemption section your approved and processed influenza declination exemption.

New Exemption Request

Add your exemption information below.

Requesting Exemption For: **Influenza Vaccine**

Reason

I have elected to decline influenza vaccination.

Comment/Explanation

Submit

Cancel

Clearance Exemptions:

Clearance	Status	Last Updated
Influenza Vaccine	Approved until 4/6/2024 by Patient	9/29/2023 1:55 PM by Patient

Request an Exemption

- If you have any questions, please send us a message at ehsochealth@ucr.edu or call us at (844) 827 - 6827