



WAYNE STATE
UNIVERSITY

DECLINATION WAIVER FOR THE INFLUENZA VACCINE

Please complete this form and send it to your [HR Consultant](#) and to the [Campus Health Center](#).

Name: _____

Title: _____

School/College/Division: _____

Department: _____

AccessID: _____

Phone No: _____

Supervisor's Name: _____

Supervisor's Email Address: _____

Objection to obtain the influenza vaccine is based on the following reason(s). Please check all that apply.

Medical

Religious

Moral

Ethical

By signing this document, I understand that by declining a vaccine, or being a vaccination non-responder, I continue to be at risk of acquiring an illness.

Signature

Date