

Employee Flu Vaccination Campaign

Influenza Vaccination Declination

What are your reasons to decline the influenza vaccine? *(Please check all that apply.)*

- | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Fear of getting flu | <input type="checkbox"/> Lack of personal physician recommendation |
| <input type="checkbox"/> Fear of vaccine side effects | <input type="checkbox"/> Belief flu is not severe |
| <input type="checkbox"/> Perceived ineffectiveness | <input type="checkbox"/> Religious objection |
| <input type="checkbox"/> Perceived low or no likelihood of getting flu | <input type="checkbox"/> Received influenza vaccine at another facility. |
| <input type="checkbox"/> Fear of needles | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Insufficient time | _____ |
| <input type="checkbox"/> Inconvenient | _____ |
| <input type="checkbox"/> Missed vaccination appointment | _____ |
| <input type="checkbox"/> Belief in homeopathic medications | _____ |
| <input type="checkbox"/> Belief own host defenses will protect against flu | _____ |
| <input type="checkbox"/> Belief other preventive measures minimize risk | _____ |