

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

REF-6869.1
July 28, 2017

ATTACHMENT A

ANNUAL DECLINATION OF INFLUENZA VACCINE

Senate Bill (SB 792)

As of September 1, 2016, SB 792 prohibits a person from being employed or volunteering at a day care center if he or she has not been immunized against Influenza on a yearly basis. Each employee and volunteer shall obtain an influenza vaccination between August 1 and December 1 of each year. *A person is exempt from the requirement of this section only if the person submits a written declaration that he or she declines the Influenza vaccination.*

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other providers to protect this school's children and staff from Influenza, its complications, and death.
- If I contract Influenza, I can shed the virus for 24 hours before Influenza symptoms appear. Shedding the virus can spread Influenza to children and staff in this facility.
- If I become infected with Influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that the strains of virus that cause Influenza change almost every year and also that immunity declines over time. This is why vaccination against Influenza is recommended each year.
- I understand that I cannot get Influenza from the Influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

Despite these facts, I am choosing to decline the Influenza vaccination right now.

I understand that I can change my mind at any time and accept the Influenza vaccination, if the vaccine is still available. I have read and fully understand the information on this declination form.

Signature _____

Name _____ **Date** _____

Employee # _____ **Volunteer** **DOB** _____

School / Department _____ **Position** _____

Return form to:

U.S Mail: LAUSD: Employee Health Services – SB 792
333 S Beaudry Avenue, 14-110
Los Angeles, CA 90017

Email: Employeevaccines@lausd.net

FAX: (213) 241-8918

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ATTACHMENT B

SB 792 IMMUNIZATION CLEARANCE FORM

Name _____ Date _____

Employee # _____ Volunteer DOB _____

School/Department _____ Position _____

Senate Bill 792 signed into law in 2015 and effective September 1, 2016, requires employees and volunteers to be vaccinated against Measles, Pertussis (Whooping Cough), and Influenza, unless qualified for an exemption.

THIS SECTION TO BE COMPLETED BY HEALTH PROFESSIONAL

The physician listed below certifies my vaccination or immunity as follows:

Measles (MMR)	Pertussis/Whooping Cough (TDaP)
<input type="checkbox"/> Currently Immunized Date (mm/dd/yy): _____ <input type="checkbox"/> Vaccine Not Recommended Reason _____ <input type="checkbox"/> Adults born prior to 1957 are considered immune <input type="checkbox"/> Proof of Immunity (Titers Blood Test)	<input type="checkbox"/> Currently Immunized Date (mm/dd/yy): _____ <input type="checkbox"/> Vaccine Not Recommended Reason _____ <div style="text-align: center; background-color: #e0e0e0; padding: 5px;">Influenza</div> <input type="checkbox"/> Received Immunization: Date (mm/dd/yy): _____ <input type="checkbox"/> Vaccine Not Recommended Reason _____ <input type="checkbox"/> Declination <i>Include Declination Form Attachment A</i>

Health Professional's Signature: _____ License #: _____

Health Professional's Name: _____ Date of Clearance: _____

Health Professional's Office
Stamp Here

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