



Phone: 718-724-2818
Fax: 877-668-4598 (Credentials only)

Flu / Pneumonia Consent / Declination Form

CONSENT:

- A) I have read the information on this form and agree to be vaccinated against influenza/ pneumonia. I further agree to provide written proof of vaccinations to NPORT within 24 hours of receipt of vaccination.
- B) I have already been vaccinated on [date(s)] _____ for
[check all that apply] ☐ Flu ☐ Pneumonia and will submit proof of vaccinations to
NPORT upon receipt of this notice.

Print Name: _____ Date: _____

Signature: _____

OR

DECLINATION VACCINATION / CONSENT TO WEAR MASK:

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of contracting influenza or pneumonia. I have been given the opportunity to be vaccinated. However, I decline to be vaccinated at this time. I realized that as an NPORT clinician who has declined to be vaccinated, I may be required to wear a surgical/ procedure mask at all times while providing direct care or services or while in the same general environment of patients or residents located within healthcare “facilities” as outlined in the attached document.

Print Name: _____ Date: _____

Signature: _____