

STATEMENT OF CONSENT
CONDITION OF EMPLOYMENT FOR CIVILIAN HEALTH CARE POSITIONS
PROVIDING DIRECT PATIENT CARE

1. NOTICE TO APPLICANT OR CURRENT EMPLOYEE FOR POSITIONS SUBJECT TO MANDATORY SEASONAL INFLUENZA REQUIREMENTS

A. This position has been designated a high risk position for contracting and/or transmitting the influenza virus. Annual influenza vaccination is the most effective method for preventing influenza virus infections or transmitting influenza to others. Therefore, in the interest of protecting civilian health care workers and patients alike, this position, or the position for which you have applied, is subject to mandatory seasonal influenza vaccinations as a condition of employment.

B. ____ I understand that the position I have been offered with the Department of the Army requires me to receive annual influenza vaccinations to enable me to perform the full range of my duties, unless I provide acceptable documentation stating that medical or religious reasons prevent me from participating in the mandatory immunization program. If I fail to consent to this condition of employment, I will not be selected for this position.

C. ____ I understand and agree that my continued employment in this position is contingent upon my willingness to participate in annual seasonal influenza vaccinations. If I fail or refuse to take the required immunization for other than properly documented medical or religious reasons, appropriate action will be taken in accordance with relevant regulations governing the failure to meet a condition of employment, including reassignment, demotion, or separation from the federal government.

D. I certify that medical____ religious____ reasons prevent me from participating in annual seasonal influenza vaccination (see attached supporting documentation).

2. ACKNOWLEDGMENT OF RECEIPT: (Your signature below acknowledges that you have read and understand this notice).

_____/DATE:_____

EMPLOYEE'S SIGNATURE

NOTE: If an employee refuses to sign the acknowledgment above, the supervisor must sign below, thereby certifying that a copy of the notice was provided to the employee.

_____/DATE:_____

SUPERVISOR'S SIGNATURE & TELEPHONE