

Influenza Immunization Waiver Process

Axon Education, LLC maintains relationships with clinical sites through the use of formal legal agreements. Each site establishes its own policies related to student requirements for participation in field experiences, clinical experiences, or Capstone experiences at their location.

Axon maintains agreements with hundreds of field sites and clinical sites but at the time of this writing there are **less than five sites** that will allow participants to schedule experiences without the influenza vaccination during flu season. Many of these sites are remotely located and have limited patient counts.

Here is what this means to you if you choose to avoid obtaining the influenza vaccine.

- 1) You will not be able to use the automatic scheduling system to arrange your clinicals. You will have to manually request times and dates and wait to hear back.
- 2) You will almost certainly have to travel more than students who are vaccinated unless you happen to live near one of the sites that accepts non-vaccinated students.
- 3) The expense of travel and lodging is solely your responsibility.
- 4) If you attend a site with a low patient count, you may be required to schedule additional sessions to meet your course requirements.
- 5) You may be delayed in completing the program if you don't obtain adequate patient contacts in a timely manner.

Please be aware that obtaining employment in EMS is likely to be more difficult for individuals who are unable or unwilling to obtain the seasonal flu vaccine.

If you wish to proceed with the attestation, complete this form in the presence of a Notary Public and submit the entire notarized form to us. You will need to show your ID to the notary, and most notaries charge a fee for the service, which is your responsibility.

INFLUENZA VACCINE ATTESTATION AND WAIVER

This document is entered into by and between _____
("Student") and Axon Education, LLC ("Axon").

1. Purpose

As a condition of participation in this EMS program ("Program"), students must meet certain prerequisites, including compliance with immunization requirements imposed by clinical sites. ALMOST ALL clinical sites require students to receive the influenza vaccine as a condition of placement for student rotations. The purpose of this document is to establish the Student's acknowledgment and waiver related to the influenza vaccine requirement.

2. Acknowledgment of Influenza Vaccine Requirement

The Student acknowledges that:

- a. Most clinical and field internship sites require proof of influenza vaccination as a condition for student participation, and every site has the right to implement influenza vaccination requirements without notice.
- b. Axon does not control or dictate the immunization policies of these external sites.
- c. Failure to meet site-specific vaccination requirements may result in the Student's inability to complete certain clinical or field internship rotations.
- d. Axon cannot guarantee placements for students who do not meet site-specific immunization requirements, including the influenza vaccine requirement.
- e. The Student may not be able to complete clinical or field internship experiences at preferred locations due to this waiver. This is likely to result in the Student having to travel to complete clinical and/or field experiences.
- f. The Student acknowledges that any additional costs related to travel to complete clinical or field internship experiences will be the Student's sole responsibility.

3. Request for Waiver

The Student hereby requests a waiver of the influenza immunization requirement and acknowledges that:

- a. The decision to decline the influenza vaccine is made voluntarily and with a full understanding of the potential consequences.
- b. Most clinical sites prohibit participation without proof of influenza vaccination, and as a result, the Student will not be eligible to complete required clinical or field internship experiences at those locations.
- c. The inability to complete required clinical or field internship experiences may delay or prevent program completion, graduation, or licensure eligibility.
- d. The Student assumes full responsibility for any academic or professional consequences arising from this waiver.

4. Release and Waiver of Liability

The Student agrees to release, indemnify, and hold harmless Axon, its affiliates, employees, faculty, and clinical partners from any claims, damages, losses, or liabilities arising from the Student's decision to decline the influenza vaccine. This includes, but is not limited to:

- a. The inability to secure or complete clinical or field internship placements.
- b. Any resulting delays or barriers to graduation or licensure.
- c. Any health risks associated with declining the influenza vaccine.

5. Acknowledgment and Agreement

By signing below, the Student confirms that they have read and understand this document, accept its terms voluntarily, and acknowledge the potential impact on their academic and professional progression.

Student Name: _____

Student Signature: _____

Date: _____

REQUIRED NOTARY ACKNOWLEDGEMENT

State of Texas

County of _____

This instrument was acknowledged before me on _____ (date)

by _____ (name of person acknowledging).

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____

[NOTARY SEAL]