



Vaccine Declination Form

I acknowledge that working in healthcare settings may expose me to patients with certain communicable diseases. I also recognize that many of these diseases are preventable through vaccination. At this time, I am choosing to decline the vaccination(s) indicated below. I understand that by doing so, I may remain at risk of acquiring the associated disease.

I confirm that I have received appropriate training regarding the Hepatitis B virus, the Hepatitis B vaccination, its efficacy, safety, method of administration, and benefits. I understand that I may elect to receive these vaccinations or required tests at any time in the future.

Vaccination

Reason

Measles, Mumps, Rubella (MMR)

Varicella

Hepatitis B

Influenza

Tdap (Tetanus, Diphtheria, Pertussis)

Other: _____

By submitting this form, I acknowledge that each client or facility may set its own requirements for documentation when managing vendor relationships. I understand that this declination may not, on its own, satisfy those requirements.

Printed Name: _____

Signature: _____

Date: _____