Employee Health: Staff Exposure to Communicable Disease Vaccination Declination Statement

We have been notified of a communicable disease event and reviewed our employee health communicable disease status files.

According to the files, you declined vaccination or testing for immunity to ____________________.

As part of the declination, you were notified that in the event of a communicable disease outbreak you may be asked to stay home until your risk of disease has passed.

We wanted to offer you the opportunity for immunization or bloodwork to more clearly determine your immune status.

Employee please complete the following:

I have been given the opportunity to be vaccinated against the above listed disease or pathogen at no charge to me. I understand that by declining this vaccine, I continue to be at risk of acquiring the above listed serious disease or pathogen.

    I   ACCEPT_____ or   DECLINE_____ this vaccination.

If in the future I continue to have occupational exposure to the above listed disease or pathogen, I can receive the vaccination at no charge to me.

__________________________________     ____________________   _____________
Employee Print Name                        Signature                        Date