

Vaccination Declination Statement (Mandatory)

Hepatitis B

I understand that due to my occupational exposure to blood borne pathogens, I may be at risk of acquiring infection with: **Hepatitis B.**

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

If in the future I continue to have occupational exposure to Hepatitis B and want to be vaccinated, I can receive the vaccination at no charge to me.

Employee Print Name	Signature	Date
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Aerosol Transmissible Disease

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with:

(circle all that apply) **Measles, Mumps & Rubella** **Varicella** **Pertussis**

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

I also understand that in the event of an outbreak I may be excluded from work during the incubation period.

If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Employee Print Name	Signature	Date
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