

Name: _____ Classification: _____

VACCINE DECLINATION

Decline Hepatitis B Vaccine?

Yes (Please read the statement and sign below)

No (Please provide us proof of vaccination or titer)

I understand that due to my exposure to blood or other potentially infectious material, I may be at risk acquiring Hepatitis B virus (HBV) infection. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I will get the vaccination from my physician.

Signature: _____ Date: _____

Decline Tetanus, Diphtheria and Pertussis (TDAP) Vaccine?

Yes (Please read the statement and sign below)

No (Please provide us proof of vaccination/booster)

I understand that due to my clinical placement, I may be at risk of exposure to Tetanus, acellular pertussis also known as Whooping Cough, and diphtheria. I have been advised to be vaccinated with the TDAP, however I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, a serious disease, and may also expose others to the disease if I become ill.

I have read the above information and understand that I may be excluded from my clinical placement for a designated length of time if I am exposed to TDAP. I also understand that I am required to report any possible exposures to Care Staffing Service, Inc. as soon as I am aware of being exposed to TDAP.

Signature: _____ Date: _____

Name: _____ Classification: _____

Decline H1N1/Flu Vaccine?

Yes (Please read the statement and sign below)

No (Please provide us proof of vaccination)

My employer, Care Staffing Service, Inc., has recommended that I receive influenza/H1N1 vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts: (1) Influenza/H1N1 is a serious respiratory disease and is recommended for me and all other healthcare workers to prevent influenza/H1N1 disease and its complications, including death. (2) If I contract influenza/H1N1, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza/H1N1 infection to patients in this facility. (3) I understand that the strains of virus that cause influenza/H1N1 infection change almost every year, which is why a different influenza/H1N1 vaccine is recommended each year. (4) The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including patients in this healthcare setting, my co-workers, my family, and my community. Despite these facts, I am choosing to decline influenza/H1N1 vaccination right now. I understand that I may change my mind at any time and accept influenza/H1N1 vaccination, if vaccine is available.

Signature: _____ Date: _____