



IMMUNIZATION DECLINATION FORM

Name (print): _____ Title: _____

Hepatitis B Declination:

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus Infection. I have been given the opportunity to be vaccinated at no charge to myself; however, I decline such vaccination at this time.

I understand that by declining the vaccine I continue to be at risk of acquiring HBV, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I wish to be vaccinated with HBV vaccine, I can receive the vaccination at no charge to me if I'm actively employed with Southern Crescent Personnel.

Signature: _____ Date: _____

Influenza Declination:

My employer, Southern Crescent Personnel, has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those whom I have contact, including patients in this healthcare setting and my coworkers.

Despite these facts, I am choosing to decline influenza vaccination right now.

Signature: _____ Date: _____

Tetanus Declination:

My employer, Southern Crescent Personnel has requested that I supply proof of Tetanus vaccination prior to starting an assignment.

- I understand that due to my occupational exposure to potentially infectious materials that I may be at risk of acquiring an infection.

I decline tetanus (Td) vaccination at this time and understand that by declining this vaccine I continue to be at risk of infection.

Signature: _____ Date: _____