



Waiver of Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring or passing on the following vaccine preventable infection(s):

- Diphtheria
- Pertussis (Whooping Cough)
- Tetanus
- Influenza
- Measles
- Mumps
- Rubella
- Hepatitis B
- Varicella (Chicken Pox)

I fully understand the benefits and importance of vaccination and the necessity for screening and on-going monitoring. I have been given the opportunity to be screened and vaccinated, however, at this time, I decline screening and vaccination for:

I understand that by declining vaccination, I continue to be at risk of acquiring any of the above infections. I further understand that my employer will advise me if any alterations to my work are required as a result of declining vaccination.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I wish to be screened and/or vaccinated, I understand this can be arranged with support from my employer and have been reassured of the confidentiality of my medical records.

Staff member: _____

Witness: _____

Signature

Signature

Date

Date