

2024-2025 Employee Vaccine Declination

Name _____

Job Title _____

Date of Birth _____

Clinic Location _____

My employer recommends that I be vaccinated against the disease indicated below to protect myself, patients, staff, and others in the healthcare facility. I acknowledge that I am aware of the following facts:

- I understand that vaccine-preventable diseases can infect unvaccinated people and can result in hospitalization and even death.
- I understand that vaccine-preventable infections that are no longer common in the U.S. still occur around the world. An unvaccinated person can be infected while traveling, or through direct or indirect contact with a traveler.
- I understand that I could spread disease to another person who is too young to be vaccinated or to a person whose medical condition, such as cancer, or immune system problems, prevents them from being vaccinated. This could result in health complications and even death for the other person.
- I understand that if too many people exempted from vaccination, these diseases would return to our community in full force.
- I understand that I may not be protected by "herd" or "community" immunity (i.e., protection that is the result of having most people in a population vaccinated against a disease).
- I understand that some vaccine-preventable diseases such as measles and pertussis are extremely infectious and have been known to infect unvaccinated people living in highly vaccinated populations.

- I understand that if I am not vaccinated and get infected, I could develop serious complications. These may include pneumonia, hospitalization, brain damage, paralysis, seizures, deafness, and death.
- I understand that the American Academy of Family Physicians and the Centers for Disease Control and Prevention all recommend preventing diseases through vaccination.

Vaccine / Disease	VIS given (✓)	Vaccine recommended by employer	I decline this vaccination (Initials of Employee)
Tetanus-diphtheria-pertussis (Tdap)		✓	
Hepatitis B (HepB)		✓	
Influenza		✓	

After discussion with my employer who recommends these vaccines, I acknowledge that I am declining to be vaccinated against one or more diseases listed above. I have placed my initials in the table above to indicate the vaccine(s) I am declining. I understand that I can change my decision in the future and can be vaccinated. If declining the influenza vaccine, I understand that I will be required to wear a mask while in any NOAH facility during the respiratory season (September 1, 2024 - May 1, 2025) and outbreaks, as directed by NOAH leadership.

Employee Signature Date