



**HEALTH HYBRID INC.**  
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### **Immunization Declination Form**

I understand that my exposure to patients at healthcare facilities with the following vaccine---preventable diseases puts me at risk acquiring the disease. I have had the chance to be vaccinated. However, I decline the vaccination (s) circled below at this time. I understand that by declining vaccine protection I continue to be at risk of acquiring the disease (s).

If an incident occur in which I am exposed, I understand that I maybe requested to not return to the facility for at least the incubation period of the disease to which I have been exposed. In some cases that period maybe for a period of up to a month.

<u>Type</u>	<u>Reason</u>
Varicella (VZW)	_____
Hepatitis B	_____
Influenza	_____
Measles, Mumps, Rubella, MMR	_____
H1N1	_____
TB                      Chest X-Ray	_____
Tetanus/Pertussis/TDAP	_____
Other _____	_____

I understand that each of my clients defines the required documentation to manage client relationships, and that a vaccination declination may not satisfy these requirements.

Print name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_