ONYX
HEALTH CARE STAFFING

Tdap Vaccine Declination (MANDATORY)

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with Pertussis. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, a serious disease.

- ☐ I am declining because I choose not to have the Tdap vaccination. I am aware that I may change my mind at a later date.
- ☐ I have already received a Tdap vaccination. I have a record or know the date and location of that vaccination.
- ☐ I have already received a Tdap vaccination. I do not have a record or cannot recall when I received the vaccination.
- ☐ Other

_____ _____

Signature Date Date of Birth

_____ _____

Print Name Job Title/Department