

TETANUS, DIPHTHERIA, acellular PERTUSSIS (TdAP)

COMBINED VACCINE DECLINATION

Caregiver Health Services

Caregiver Name:	ID Number:
Date of Birth:	Department:
Phone Number:	Position:

Our PSJH Vision, "Health for a better world," is impacted by vaccine hesitancy, which has contributed to the resurgence of some vaccine-preventable diseases. The Centers for Disease Control and Prevention (CDC) has declared vaccines to be the single greatest public health intervention of the 20th century, second only to clean water.

The American Nurses Association (ANA) states all health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC). The ANA supports exemptions from immunization only for the following reasons:

1. Medical Reasons
2. Religious and sincerely held ethical or moral beliefs

I certify that by declining the Tdap vaccine I acknowledge the following:

- I continue to be at risk for Pertussis, which is highly contagious respiratory disease
- The vaccine is effective and since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%
- If I am exposed to pertussis, I will not be allowed to work for up to 21 days
- My susceptibility means that I will be placing others at risk should I be exposed and to those who are more vulnerable
- Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old
- In the future, if I want to be vaccinated for tetanus, diphtheria, and pertussis, I can receive the vaccination from Caregiver Health Services at no cost to me
- I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with tetanus, diphtheria, and pertussis. I have been given the opportunity to be vaccinated against these diseases or pathogens at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring tetanus, diphtheria, and pertussis, serious diseases. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Sign if DECLINING vaccination:

I am declining due to

_____ Medical Reasons

_____ Religious and sincerely held ethical or moral beliefs

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

I, _____, agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the **legal equivalent** of my manual/handwritten signature and I consent to be legally bound to this agreement.

Caregiver Signature:	Date:
Caregiver Health Services Signature:	Date: