

VARICELLA (CHICKENPOX) 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 varicella vaccine, I am acknowledging the following:

- I continue to be at risk for varicella which is a serious and highly contagious disease
- I acknowledge the vaccine is much safer than the disease
- Two doses of the vaccine is 90% effective in preventing the disease
- If I am exposed to varicella, I will not be allowed to work during the incubation period or during the resulting illness (up to 21 days)
- I also acknowledge that my susceptibility means that I will be placing others, including my family, patients, colleagues, and community at risk should I be exposed and in turn expose those more vulnerable than me, as varicella is most contagious prior to developing a rash
- In the future, if I want to be vaccinated for varicella, 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 varicella. I have been given the opportunity to be vaccinated against this disease or pathogen 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 varicella, a serious disease. 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: