



Tdap Vaccine Declination Form

Print your first and last name

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with PERTUSSIS. I have been given the opportunity to be vaccinated against this disease or pathogen. 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.

Signature

Date