



## COUNTY OF SAN MATEO ATD EXPOSURE CONTROL PROGRAM

### TDAP VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with *Diphtheria*, *Pertussis* and *Tetanus*. 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 *Diphtheria*, *Pertussis* and *Tetanus* 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### SEASONAL INFLUENZA VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to aerosol transmissible diseases, I maybe at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection 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 increased risk of acquiring influenza. If during the season for which the CDC recommends administration of the influenza vaccine, and 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date