

**Tdap Immunization Declination Form**

*Form cannot be used for San Antonio Division, see their forms on the site*

**Note: If you will come in contact with infants or work in or near the Labor and Delivery area, you CANNOT waive this vaccine**

I understand that my exposure to patients at HCA healthcare facilities with the following vaccine preventable diseases puts me at risk of acquiring the disease.

I have had the opportunity to be vaccinated, however, I choose to decline the vaccination(s) checked below at this time. I understand that by declining vaccine protection I continue to be at risk of acquiring the disease.

In the event of exposure I understand that I may be requested to not visit the facility for at least the incubation period of the disease to which I have been exposed.

I understand that my failure to submit acceptable medical documentation or provide a statement that supports my request for exemption for conscientious objection or religious reasons may result in my request for an exemption being denied. I understand my request will be reviewed at the facility for approval.

I understand that I may not be retaliated or discriminated against for requesting and receiving an exemption to the policy. I also understand that being required to wear protective medical equipment is not considered retaliatory or discriminatory under state law.

I understand that the hospital is allowed under state law to take disciplinary actions against me if I fail to comply with the policy. I understand that, if I request and am granted an exemption, in the event of a public health disaster, the facility is allowed to prohibit me from having contact with patients.

I consent to the release of this request and including any supporting documentation to all such representatives of HCA affiliated hospitals, on a need-to-know basis, in order for the representatives to carry out their duties and to act on my request for an exemption. Finally, I understand that my requested exemption may not be granted if it would pose a direct threat or if it would otherwise create an undue hardship on this hospital, its patients, or the public.

California Occupational Health and Safety Title VIII Sec 5199; Appendix C1 – Vaccination Declination Statement (Mandatory)

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by subsection (h)(5)(E).

Signed:		Date:	
Printed Name:		Title:	
Company:		Phone #:	