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IMMUNIZATION REVIEW AND DECLINATION FORM – NON HEPATITIS B

Instructions: Check (✓) all applicable items and provide requested information and sign/date the top section of the form

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection and may require one of the following vaccinations:

Table with 6 columns: Vaccination, Recommended, Received through Employee Health Services, Received from outside source, Declined, Not Applicable. Rows include Vaccinia Vaccine, Yellow Fever, MMR, Chicken Pox, Tetanus Diphtheria Toxoid, Meningococcal, and Other - specify.

Employee Printed Name

Employee ID #

Employee signature

Date

Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection. I have been given the opportunity to be vaccinated with the appropriate vaccine(s) at no cost to me. However, I decline the recommended vaccination(s) at this time. I understand that by declining this vaccine(s), I continue to be at risk of acquiring a disease. Specify vaccine(s) declined:

- Checkboxes for Vaccinia Vaccine, MMR, Tetanus Diphtheria Toxoid, Yellow Fever, Chicken Pox, Meningococcal, and Other.

If in the future I continue to have occupational exposure & want to be vaccinated with appropriate vaccine(s), I can receive the appropriate vaccine(s) at no charge to me.

Employee Printed Name

Employee ID #

Employee signature

Date

Return completed form to Employee Health Services- ALL DECLINATION FORMS WILL BE FILED IN MEDICAL RECORDS (Located at Emory University Hospital- Room HB53 or at Emory Crawford Long Hospital - WW Orr 6th floor)