



**DECLINATION OF MMR VACCINATION**

I understand that my place of employment and/or practice is a hospital or clinic whose purpose is to care for sick and possibly infectious persons, therefore I may be at risk of acquiring Measles, Mumps, and/or Rubella. I have been offered the MMR vaccine, at no charge to myself. However, I decline MMR vaccination currently.

I understand that by declining this vaccine, I continue to be at risk of acquiring Measles, Mumps and/or Rubella.

If, at a future time during my employment, I decide that I want to be vaccinated with MMR vaccine I can receive that vaccination at no charge to me.

PRINT NAME: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_