



## DECLINATION OF VARICELLA VACCINATION

I understand that by virtue of the fact that my place of employment and/or practice is a hospital or clinic whose purpose is to care for sick and possibly infectious persons, I may be at risk of acquiring varicella (chicken pox). I have been offered the Varicella vaccine, at no charge to myself. However, I decline the varicella vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Varicella (chicken pox).

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

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

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

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

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

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