

Prince George County, Virginia Fire & EMS

Vaccine/Immunization Declination Form

After review of my medical records/history, I have been advised that I may not be protected from childhood diseases that are currently on the rise in this country. I am aware that the Centers for Disease Control & Prevention (CDC) recommend that all unprotected healthcare providers be offered protective vaccines/immunizations by their employers. My employer has offered me additional protective vaccines for the following:

Tdap Booster _____

MMR Vaccine _____

Chickenpox Vaccine _____

However, I choose not to participate in the receipt of additional vaccinations/immunizations. I am aware that I am at risk for possible exposure to these diseases.

Signature: _____

Date: _____