

24/7 Staffing Solutions

Diphtheria Vaccination Request or Waiver

Name: _____

Position: _____

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring Diphtheria infection. I have been given the opportunity to be vaccinated with Diphtheria vaccine. However, I decline the vaccine at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Diphtheria, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Diphtheria vaccine, I can receive the vaccination series at my request. I understand that it is my responsibility to request the vaccination if I choose to receive it after this initial refusal.

____ Employee refuses Diphtheria Vaccination

Reason for refusal: _____

____ Employee requests Diphtheria Vaccination

Employee Signature

Date

24/7SS Representative

Date