



DECLINATION OF VACCINATION

U.S. Nursing applicant to complete the following:

Measles, Mumps and Rubella (MMR) VACCINATION DECLINATION

I, _____, understand that I have been requested to supply proof of MMR Vaccination or agree to the vaccination prior to placement with U.S. Nursing Corporation.

I understand that due to my occupational exposure, I may be at risk of acquiring measles, mumps and rubella (MMR). I have been given the opportunity to get vaccinated against this infection. However, I decline the MMR vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring measles, mumps and rubella (MMR). If, in the future, I continue to have occupational exposure and want to be vaccinated, I can receive the vaccination at no charge to me.

I understand that I cannot be placed at a U.S. Nursing facility that requires the MMR Vaccination.

I agree to hold harmless both facility and U.S. Nursing, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the MMR Vaccination.

Signature _____

Date _____