



DECLINATION OF VACCINATION

U.S. Nursing applicant to complete the following:

TDAP VACCINATION DECLINATION

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

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring an infection with pertussis. I have been given the opportunity to be vaccinated against this disease or pathogen; however, I decline the TDAP vaccination at this time. I understand that by declining the TDAP vaccine, I continue to be at risk of acquiring a serious disease. If, in the future, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the TDAP vaccination at no charge to me.

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

Signature _____

Date _____