



## **DECLINATION OF VACCINATION**

**U.S. Nursing applicant to complete the following:**

### **VARICELLA (Chickenpox) VACCINATION DECLINATION**

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

I understand that due to occupational exposure, I may be at risk of acquiring varicella (chickenpox). I have been given the opportunity to be vaccinated with varicella vaccine; however, I decline the varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of varicella. If, in the future, I continue to have occupational exposure and I want to be vaccinated with varicella, I can receive the vaccination series at no charge to me.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_