Declination of Immunization

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring \_\_\_\_\_\_\_\_\_\_ infection. I have been given the opportunity to be immunized with \_\_\_\_\_\_\_\_\_\_vaccine, at no charge to me. However, I decline \_\_\_\_\_\_\_\_\_\_ immunization at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring \_\_\_\_\_\_\_\_\_\_ 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 immunized with \_\_\_\_\_\_\_\_\_\_ vaccine, I can receive the immunization series at no charge to me.

I have been provided training by the department that included the risks of the infection and the benefits of the vaccination.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DICO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_