

## **Appendix C – Vaccination Declination Statement**

(MANDATORY)

The employer shall assure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by subsection (g)(5)(E):

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with \_\_\_\_\_ (name of disease or pathogen). I have been given the opportunity to be vaccinated against this infection at no charge to myself. However, I decline this vaccination 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 aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.