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We take staffing close to our heart.

HEPATITIS B, PNEUMOCOCCAL AND INFLUENZA VACINE CONSENT/DECLINATION

Advanced Care Staffing strongly endorses the Center for Disease Control and NYS Department of Health's recommendations for all employees to be vaccinated against Hepatitis B, Pneumococcal and Influenza. I understand that even if I decline these vaccination at this time, I can still choose, at any future time to receive any of the below mentioned vaccinations. I have also been informed that if I choose to be vaccinated, it is my responsibility to make arrangements with the Infection Control Nurse.

________ **I decline Hepatitis B vaccination at this time**. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, 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 vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.
Prior Vaccination: (Date) ____________________

________ **I am declining vaccination with the Pneumococcal vaccine.** I understand I can change my mind at any time and request to be vaccinated.
Prior Vaccination: (Date) ____________________

________ **I am declining vaccination with the Influenza vaccine**. I understand I can change my mind at any time and request to be vaccinated within the time period of vaccine availability.

Reason(s) for refusal:

_____ Medically contraindicated _____ Religious belief _____ Other: ____________________

If you wish to receive the above mentioned vaccinations, make an appointment with the Infection Control Nurse and present this form.

_____ I have been advised about the advantages and risks associated with the following vaccinations and agree to be vaccinated against:

_____ Hepatitis B

_____ Pneumococcal Infection

_____ Influenza (flu) (please answer the following questions)

1. Do you have an allergy to eggs or egg products? ____ Yes _____ No
2. Do you have a history of Guillain-Barre Syndrome? ____ Yes _____ No

_____ Tetanus

Name:______________________________Signature: ________________________ Date:________________