



**AdvancedCare**  
STAFFING

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*We take staffing close to our heart.*

## HEPATITIS B, PNEUMOCOCCAL AND INFLUENZA VACCINE 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: \_\_\_\_\_