

NON-HEPATITIS B – IMMUNIZATION REVIEW AND DECLINATION FORM

Instructions: Complete each section and submit the completed form along with any accompanying vaccination records to Employee Health Services.

PART I: VACCINATION APPLICABILITY

Vaccination	Applicability	Received through Employee Health Services	Received from an outside source ¹	Declined
		Complete Review (Part II)		Complete Declination (Part II)
Vaccinia ²	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Fever	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles, Mumps, Rubella (MMR)	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus Diphtheria Toxoid	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/> Recommended <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: VACCINATION REVIEW OR DECLINATION
 Vaccine Review

I understand that due to my occupational exposure, I may be at risk of acquiring an infection and may require vaccination as marked in Part I:

Employee Name Printed

Employee ID #

Employee Signature

Date

 Vaccine is Declined

I understand that due to my occupational exposure, I may be at risk of acquiring an infection. I have been given the opportunity to be vaccinated with the appropriate vaccine(s) at no cost to me. However, I decline the recommended vaccination(s) at this time (as marked in the above table). I understand that by declining this vaccine(s), I continue to be at risk of acquiring a disease. If in the future I continue to have occupational exposure & want to be vaccinated with appropriate vaccine(s), I can receive the appropriate vaccine(s) at no charge to me.

Employee Name Printed

Employee ID #

Employee Signature

Date

PART III: FORM SUBMISSION

Completed *Non-Hepatitis B – Immunization Review and Declination Forms* will be filed in medical records.

Submit your form to Employee Health Services by either:

Hand Delivery:

- Emory University Hospital - 2nd floor, D219
- Emory University Hospital Midtown - WW Orr 6th floor

{ or }

Fax:

- 404-686-1527

¹ Provide proof of vaccination, e.g., location, date.

² Yerkes employees contact the Safety Officer at the Yerkes facility.