Appendix C

VACCINE DECLINATION STATEMENT

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

I understand that due to my occupational exposure to aerosol-transmissible diseases, I may be at risk of acquiring ____________________________ (name of disease or pathogen). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining the 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.

_________________________________________  ___________________________
Employee Signature                               Date

Fax the completed form to: Stanford University Occupational Health Center
650-725-9218 (fax)

For Medical Questions call: 650-725-5308 (SUOHC phone)