



# MASTER STAFFING, INC.



## DECLINATIONS

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Last Name

First Name

Middle Name/Initial

### HEPATITIS B VACCINE

- I already have proof of vaccination or titer.
- I refuse vaccination at this time and understand that by declining this vaccine and due to my exposure to blood and other infectious materials, I continue to be at risk of acquiring Hepatitis B, a serious disease. I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

### TETANUS, DIPHTHERIA, & PERTUSSIS (TDAP) VACCINE

- I already have proof of vaccination or titer.
- I refuse vaccination at this time and I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring an infection with pertussis (Whooping Cough), a serious disease and may also expose others to the disease if I become ill. I understand I am required to report any possible exposure to **Master Staffing, Inc.** as soon as I am aware of being exposed to Tdap.

### MMR VACCINE

- I already have proof of vaccination or titer.
- I refuse vaccination at this time and I understand that due to occupational exposure, I may be at risk of acquiring measles, mumps or rubella. I understand that by declining this vaccine, I continue to be at risk of measles, mumps and rubella. I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

### VARICELLA VACCINE

- I already have proof of vaccination or titer.
- I refuse vaccination at this time and I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with varicella zoster virus (chickenpox). I understand that by declining this vaccine, I continue to be at risk of acquiring chickenpox, a serious disease. I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

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Employee's Signature

Date