



Master Staffing, Inc. *Professional Nursing Care & Services*

310 East Colorado Street, Suite 206 Glendale, CA 91205 ◦ www.master-staffing.com
818.244.3188 Phone ◦ 818.244.8599 Fax ◦ staffing.dept@master-staffing.com

DECLINATION FORM

Master Staffing, Inc. requests the confirmation of receipt of the following vaccinations and/or informed declinations for all nursing personnel. **Master Staffing, Inc.** must send this information prior to booking.

HEPATITIS B: I have been asked by **Master Staffing, Inc.** to be vaccinated with the Hepatitis B vaccine.

I refuse vaccination at this time for personal reasons. 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, I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

I am already immune, and had the vaccination last (date) _____ .

TETANUS: I have been asked by **Master Staffing, Inc.** to be vaccinated with the Tetanus vaccine.

I refuse vaccination at this time for personal reasons. I understand that due to my occupational exposure to potentially infectious materials, I may be at risk of acquiring an infection. I understand that by declining this vaccine, I continue to be at risk of acquiring an infection and I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

I am already immune, and had the vaccination last (date) _____ .

MUMPS: I have been asked by **Master Staffing, Inc.** to be vaccinated with the Mumps vaccine.

I refuse vaccination at this time for personal reasons. I understand that by declining this vaccine, I continue to be at risk of acquiring mumps and I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

I am already immune, and had the vaccination last (date) _____ .

MEASLES (RUBEOLA): I have been asked by **Master Staffing, Inc.** to be vaccinated with the Measles vaccine.

I refuse vaccination at this time for personal reasons. I understand that by declining this vaccine, I continue to be at risk of acquiring measles and I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

I am already immune, and had the vaccination last (date) _____ .

RUBELLA: I have been asked by **Master Staffing, Inc.** to be vaccinated with the Rubella vaccine.

I refuse vaccination at this time for personal reasons. I understand that by declining this vaccine, I continue to be at risk of acquiring rubella and I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

I am already immune, and had the vaccination last (date) _____ .

VARICELLA: I have been asked by **Master Staffing, Inc.** to be vaccinated with the Varicella vaccine.

I refuse vaccination at this time for personal reasons. I understand that by declining this vaccine, I continue to be at risk of acquiring varicella and I will hold **Master Staffing, Inc.** harmless of any consequences that may arise regarding this matter.

I am already immune, and had the vaccination last (date) _____ .

Employee's Signature

Date

Employee's Printed Name