

Declination of Immunization

Documented immunity or written declination of vaccine for certain preventable contagious diseases is a requirement of service at Legacy Health per policy 600.36. These requirements are enforced by the states of Washington and Oregon, federal OSHA, The Joint Commission, as well as recommended by the Centers for Disease Control and Prevention.

Many people have experienced these diseases during childhood and may show immunity by blood test. Required immunizations or lab tests will be provided at no cost to employees and volunteers. Persons who choose to decline immunization must do so in writing using this form to acknowledge their risks. No applicant will be denied employment for choosing to decline immunization.

I have been advised of the following diseases and have been advised that my job duties may put me at increased risk of being exposed to or exposing others to these contagious diseases.

- Measles (Rubeola): An airborne virus that can spread quickly, causing up to 18 new cases from each infected person. Up to 30% of persons who are infected have complications such as pneumonia or ear infections. Approximately 200,000 deaths worldwide occur annually due to measles and many others go blind.
- Mumps: This virus spreads by respiratory droplets. It causes swelling of the saliva glands and can cause serious complications. Approximately 15% of persons who are infected experience complications of the central nervous system. Mumps can also lead to deafness, sterility and to other long term outcomes.
- Rubella: This virus spreads by respiratory droplets. It causes a body wide rash and high fevers in adults and children. Complications can include arthritis, encephalitis, and hemorrhaging. Exposure to rubella during pregnancy is known to cause birth defects and miscarriage.
- Varicella (chickenpox): An airborne virus that causes body wide rashes in adults and children. Adults with low immune systems who are exposed are at increased risk of serious outcomes such as blindness. This virus may lead shingles later in life.
- Hepatitis B: This virus can cause lifelong disease and lead to liver cancer. It is easily transmitted by blood contact through mucous membranes, broken skin, or by a cut or injection. Health care workers are at increased risk of exposure to this virus.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, 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.

Vaccination Declination Statement

1. I acknowledge my potential for occupational exposure to infectious patients and coworkers. I also acknowledge the potential for me to spread infection into high-risk patients and community members.
2. I understand that I am at risk of acquiring these diseases and have opportunity to be immunized at no cost.
3. I understand that if I have any exposure I will be removed from the schedule during the entire infectious period and will not be compensated. Leave will be paid via my accrued APL time, or will be leave without pay. Accommodation or re-assignment will not be an option as a result of a disease exposure. Infectious periods are typically up to three weeks, but in some cases may last several months.
4. I understand that I will need urgent evaluation if I have been exposed at home, work, or in the community. I must report this incident immediately to my supervisor, and to Employee Health/Infection Control Nurse.
5. I understand that in the event of an outbreak or infectious patient in my work area, I may be unable to work, and will go without compensation, until the outbreak has subsided or the patient has been discharged.
6. I acknowledge that my decision to work while knowingly infectious with these diseases can create personal liability on myself for which Legacy Health will not be financially responsible.

I have read and understand the above information and do not wish to receive the above-mentioned vaccination at this time. I also acknowledge that I may change my mind at any time and opt to receive the vaccination at no charge from Employee Health.

NAME: _____ DATE: _____

EMPLOYER: _____

SIGNATURE: _____