

## IMMUNIZATION DISCLAIMER

I, \_\_\_\_\_, decline to receive immunization at this time. I have been informed of the danger of exposure should I participate in a medical, clinical, externship without immunization protection.

\_\_\_\_\_ I have been provided information regarding **Hepatitis B** and the benefits of immunization and decline vaccination at this time.

\_\_\_\_\_ I have been provided information regarding **Tdap** and the benefits of immunization and decline vaccination at this time.

\_\_\_\_\_ I have been provided information regarding **MMR** and the benefits of immunization and decline vaccination at this time.

\_\_\_\_\_ I have been provided information regarding **Varicella** and the benefits of immunization and decline vaccination at this time.

*Or*

\_\_\_\_\_ I have received the Varicella vaccine on \_\_\_\_\_ *or* I had an active Varicella infection on or about \_\_\_\_\_ and believe that I have active immunity due to this infection.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date