



SAINT ANTHONY MEDICAL CENTER

Declination for Tdap Vaccine (Tetanus, Diphtheria, Pertussis)

If you have received the Tdap vaccine from another provider, you must provide documentation of the vaccine to Employee Health Services in order to be considered compliant.

If you have not received the Tdap vaccine from another provider, please continue.

Tdap Vaccine information:

- I understand that by declining this vaccine, I continue to be at risk of acquiring Tetanus, Diphtheria, and Pertussis, potentially resulting in transmission of Diphtheria or Pertussis to my patients, co-workers, and family.
- Based on the OSF Healthcare System policy regarding Tdap, I understand that individuals who provide care to children are required to receive the Tdap vaccine due to an increases risk of acquiring and spreading Pertussis.
- As an employee, I understand that the Tdap vaccine is available to me free of charge.

Reason for declining the Tdap Vaccine and requesting an exemption:

Please answer the following questions:	Yes	No
Have you had a severe allergic reaction to Td or other vaccinations in the past? If yes, describe the reaction _____		
Are you moderately to severely ill at this time? If yes, you will need to wait to receive the Tdap vaccine when you are no longer ill _____		
Do you have a history of epilepsy, nervous system problem, or Guillain Barre Syndrome (GBS)? If yes, you will need to discuss with your physician before receiving the Tdap Vaccine and provide a note stating that you can receive the vaccine. _____		
Have you been advised by a physician not to receive the vaccine due a health condition? If yes, please explain _____		
Other/Explanation required: _____		

Documentation from your healthcare provider is required in order to receive an exemption from the Tdap vaccine.

I have read the information above and I voluntarily decline to receive the Tdap Vaccine. I understand that I will be required to provide documentation from my healthcare provider in order to receive an exemption from the Tdap vaccine. The Vaccine Information Statement (VIS) dated 5/9/13 has been made available to me.

Signature: _____ **Date:** _____

Print Name: _____ **Employee ID#** _____ **Dept.** _____