

Addendum I

Hepatitis B Vaccine Declination

I understand that as a volunteer at UCLA Health I may be exposed to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

(Please check appropriate box)

I would like to receive the Hepatitis B Vaccine.

Hepatitis B Vaccine Declination (mandatory)

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; 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, I can receive the vaccination series.**

I decline the Hepatitis B Vaccination Series due to the following reason(s):

(Please mark at least one choice)

- I have previously completed a hepatitis B 3-vaccine series with written documentation and choose not to repeat the vaccine series at this time.
- I have previously completed a hepatitis B 3-vaccine series, but I do not have written documentation and choose not to repeat the vaccine series at this time.
- I have been diagnosed with hepatitis B in the past.
- Other _____

Signature

Date

Date of Birth

Print Name

Addendum II

Tdap Vaccine Declination

I understand that as a volunteer at UCLA Health I may be exposed to aerosol transmissible diseases, I may be at risk of acquiring infection with Pertussis.

(Please check appropriate box)

I would like to receive the Tdap vaccine.

Tdap Vaccine Declination (mandatory)

I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, a serious disease. **If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination.**

I am declining because I choose not to have the Tdap vaccination. I am aware that I may change my mind at a later date.

I have already received a Tdap vaccination. I have a record or know the date and location of that vaccination.

I have already received a Tdap vaccination. I do not have a record or cannot recall when I received the vaccination.

Other _____

Signature

Date

Date of Birth

Print Name