

## Tdap Vaccine Declination

I understand that as a volunteer at UCLA Health I may be exposed to aerosol transmissible diseases and may be at risk of acquiring infection with Pertussis. The Tdap vaccination is strongly recommended for all volunteers.

Please visit your primary care physician to obtain the Tdap vaccination. Individuals with extenuating circumstances that cannot obtain the vaccination from their PCP may contact Volunteer Services for further assistance.

**Please indicate below if you have received the Tdap vaccination (must have been administered after AGE 12, and within 10 years) or choose to decline.**

☐ 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 (after age 12 and within 10 years). 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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

# Hepatitis B Vaccine Declination

I understand that as a volunteer at UCLA Health I may be exposed to blood or other potentially infectious materials and may be at risk of acquiring hepatitis B virus (HBV) infection. The Hepatitis B Vaccination is strongly recommended for all volunteers.

Please visit your primary care physician to obtain the Hepatitis B Vaccination. Individuals with extenuating circumstances that cannot obtain the vaccination from their PCP may contact Volunteer Services for further assistance.

## Please check appropriate box:

☐ 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.

☐ I decline the Hepatitis B vaccination series due to the following reason:

☐ 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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth