



## OHS DECLINATION FORM

**Employer (please check)**

- NYC H+H
- Affiliate \_\_\_\_\_
- Agency / Vendor
- Community Care / At Home
- Correctional Health Services
- Gotham Health
- MetroPlus
- Other
- Post-Acute
- Volunteer

**CLIENT NAME:** \_\_\_\_\_

I understand that my occupational exposure to the following preventable diseases puts me at risk of acquiring the disease(s). I choose to decline the vaccination(s) / screening checked below at this time. I understand that by declining the vaccination(s) / screening, I continue to be at risk of acquiring the disease(s) and spreading it to others.

Check vaccine(s) / screening to be declined:

- Influenza  Hepatitis B Vaccine  Hepatitis C screening  HIV Screening  Meningococcal  Mumps
- Tetanus Diphtheria (Td)  Tetanus / Diphtheria / Pertussis (Tdap)  Varicella

**Employee Name (Print)**

**Witness Name (Print)**

**Employee Signature**

**Witness Signature**

**Date**