

Tdap Vaccine

I understand that due to my occupational exposure 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.

I am declining because I choose not to have the Tdap vaccination.

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

Job Title/Department

UCLA ID number