

MEASLES, MUMPS, RUBELLA (MMR) VACCINE DECLINATION

Caregiver Health Services

Caregiver Name:	ID Number:
Date of Birth:	Department:
Phone number:	Position:

Our PSJH Vision, “Health for a better world,” is impacted by vaccine hesitancy, which has contributed to the resurgence of some vaccine-preventable diseases. The Centers for Disease Control and Prevention (CDC) has declared vaccines to be the single greatest public health intervention of the 20th century, second only to clean water.

The American Nurses Association (ANA) states all health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC). The ANA supports exemptions from immunization only for the following reasons:

1. Medical Reasons
2. Religious and sincerely held ethical or moral beliefs

I certify that by declining the MMR (measles, mumps, and rubella) vaccine, I am acknowledging the following:

- I continue to be at risk for measles, mumps, or rubella (German measles), which are serious and highly contagious diseases
- I acknowledge the vaccine is safe and effective
- Two doses of the vaccine is 97% effective at preventing measles infection, 88% effective at preventing mumps infection, and 97% effective at preventing rubella
- If I am exposed to these diseases, I will not be allowed to work for up to 25 days during the incubation period or specified times during and after the resulting illness
- Rubella can cause a miscarriage or serious birth defects in a developing baby if a woman is infected while she is pregnant
- I also acknowledge that my susceptibility means that I will be placing others at risk should I be exposed and in turn expose my vulnerable patients
- In the future, if I want to be vaccinated for measles, mumps, and rubella, I can receive the vaccination from Caregiver Health Services at no cost to me
- I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with measles, mumps, and rubella. I have been given the opportunity to be vaccinated against these diseases or pathogens 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 measles, mumps and rubella, serious diseases. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Sign if DECLINING vaccination:

I am declining due to

_____ Medical Reasons

_____ Religious and sincerely held ethical or moral beliefs

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

I, _____, agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the **legal equivalent** of my manual/handwritten signature and I consent to be legally bound to this agreement.

Caregiver Signature:	Date:
Caregiver Health Services Signature:	Date: