**Tetanus, Diphtheria & Pertussis (Tdap) Declination Form**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I acknowledge that I am aware of the following facts:**

**• Whooping cough (pertussis) is a highly contagious respiratory tract infection.**

**• I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring an infection with pertussis and by declining the Tdap vaccine; I continue to be at risk of acquiring a serious disease.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**