



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: _____

MAIN CAMPUS

360 Choate Avenue
Buffalo, NY 14220
716-826-1200

2262 Seneca Street
Buffalo, NY 14210
716.826.1200

EXTENSION CENTER

6681 Transit Road
Williamsville, NY 14221
716-827-4300