

MMR DECLINATION FORM

P-08

I acknowledge that I am aware of the following facts:

- The MMR (measles, mumps, and rubella) vaccine can protect adolescents and adults against these three serious diseases.
- Measles, mumps, and rubella are all caused by viruses and are spread from person to person primarily by contact with infected respiratory and nasopharyngeal droplets. People with measles pose a risk of disease transmission to others.

I recognize that it is my responsibility to inform my supervisor that I chose not to take the MMR vaccine in the case of an outbreak. If this situation occurs, it could result in my job duties being reassigned temporarily.

I understand that receiving the MMR vaccine can greatly reduce my risk of infection and that by not receiving the vaccine I am placing myself at a greater risk of getting measles, mumps, or rubella. I hereby release the Barren River District Health Department from any and all liability incurred by my refusal to be immunized. Although I am declining to take the vaccine at this time, I realize that I can change my mind and receive the vaccine at a later date at no charge to myself.

Employee Signature

Date

Witness Signature

Date