**CALIFORNIA STATE UNIVERSITY LOS ANGELES**

**PATRICIA A. CHIN SCHOOL OF NURSING**

**VACCINATION DECLINATION**

**Check which vaccines you are declining:**

**Measles:** \_\_\_\_\_\_ **Mumps:** \_\_\_\_\_ **Rubella:** \_\_\_\_\_ **Varicella:** \_\_\_\_\_ **Td/Tdap:** \_\_\_\_\_

I understand that due to my possible occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection as indicated above. I have been told of the importance of being vaccinated against this disease or pathogen and that by declining I also risk not gaining access or entrance to a patient care facility as necessary for clinical course completion. I have been given the opportunity to be vaccinated at through the University Student Health Center and I choose at this time to decline this vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring the above infection, a serious disease. In the future if I wish to be vaccinated, I can receive this vaccination at the University Student Health Center or with the Health Care Provider that I choose.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FLU VACCINE**

I understand that due to my occupational exposure to potentially infectious material, I may be at risk for acquiring infection. I am declining vaccination at this time. I understand that I am at risk for acquiring the flu, a serious infection. If in the future, I want to rescind this declination I can. I understand that declination might affect my clinical placement and that a clinical placement cannot be guaranteed to me if I decline vaccination.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEPATITIS VACCINE**

I understand that due to my occupational exposure to potentially infectious material, I may be at risk for acquiring serious infection. I am declining vaccination at this time. I understand that I am at risk for acquiring hepatitis, a serious infection. If in the future, I want to rescind this declination I can. I understand that declination might affect my clinical placement and that a clinical placement cannot be guaranteed to me if I decline vaccination.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19/Booster VACCINE**

I understand that due to my occupational exposure to potentially infectious material, I may be at risk for acquiring serious infection. I am declining vaccination at this time. I understand that I am at risk for acquiring COVID-19, a serious infection. If in the future, I want to rescind this declination I can. I understand the COVID-19 vaccine is not currently mandated by PACSON. However, clinical facilities state their own health clearance requirements. Clinical placement sites may be limited for those who are unvaccinated. I understand that a clinical placement cannot be guaranteed to me if I decline vaccination.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_