

|  |  |  |  |
| --- | --- | --- | --- |
|  | UM Baltimore Washington Medical Center |  | UM Rehabilitation and Orthopaedic Institute |
|  | UM Capital Region Medical Center |  | UM Shore Regional Health |
|  | UM Charles Regional Medical Center |  | UM St. Joseph Medical Center |
| X | UMMC Downtown Campus/UMMS Corporate |  | UM Upper Chesapeake Health |
|  | UMMC Midtown Campus |  |  |

**Tetanus, Diphtheria and Pertussis (Tdap) Vaccine Declination**

I understand that Tetanus, Diphtheria and Pertussis are vaccine-preventable diseases, and that susceptible health care workers can acquire and transmit diphtheria and pertussis to patients. These diseases may result in serious morbidity or even death in health care workers and in patients. In addition, I understand that pertussis in particular is associated with hospital outbreaks and serious morbidity or even death in patients.

I decline to receive the Tdap vaccine free of charge at this time. I am aware that Vaccine Information Sheets are available in Employee Health Services should I have any questions. I acknowledge that it is my responsibility to contact Employee Health Services should I change my mind in the future and decide to be vaccinated, or if I am exposed to a person in the contagious state of the disease and did not wear the appropriate personal protective equipment. I understand that if I am exposed to a case of Diphtheria or Pertussis, I may automatically be relieved from all direct patient contact throughout the incubation period following my exposure.

|  |  |
| --- | --- |
|  | I am interested in receiving the Tdap vaccine |

I am declining due to:

|  |  |  |
| --- | --- | --- |
|  | Medical reasons | |
|  | Non - medical reasons | |
|  | I have already received the vaccine on \_\_\_\_\_\_\_\_\_\_\_ (please submit proof of vaccination) | |
|  | |  |
| Printed name: | | Signature: |
| Date: | | ID # |

2/8/2021