Occupational Health Facility
10833 Le Conte Ave.
Suite 67-120
Los Angeles, CA 90095-1725
Phone : (310)-825-6771
Fax : (310)-206-4585

Tdap Vaccine Declination (MANDATORY)

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with Pertussis. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, a serious disease. Cal OSHA Standard 5199 Aerosol Transmissible Diseases Appendix C1 subsection (h)(5)((E)

- ☐ I am declining because I choose not to have the Tdap vaccination. I am aware that I may change my mind at a later date.
- ☐ I have already received a Tdap vaccination. I have a record or know the date and location of that vaccination.
- ☐ I have already received a Tdap vaccination. I do not have a record or cannot recall when I received the vaccination.
- ☐ Other

_____ _____
Signature Date Date of Birth

_____ _____
Print Name Job Title/Department

_____
UCLA ID number