

Occupational Health Facility 10833 Le Conte Ave.

Suite 67-120

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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)

	ning because I choose not to at a later date.	o have the Tdap vaccination. I am aware that I may change
☐ I have already received a Tdap vaccination. I have a record or know the date and location of tha vaccination.		
	eady received a Tdap vaccir the vaccination.	nation. I do not have a record or cannot recall when I
Signature	Date	Date of Birth
Print Name		Job Title/Department
UCLA ID number		