

PROOF OF VARICELLA VACCINATION

FACILITY

DATE

Injection _____

I received the Varicella injection on the date and at the facility listed above.

Employee Name:

Print

Employee Signature:

Signature

MANDATORY DISCLOSURE FOR ALL POTENTIALLY EXPOSED EMPLOYEES

I understand that, due to my occupational exposure to Varicella or other potentially infectious conditions, I may be at risk of acquiring Varicella. I have been given the opportunity to be vaccinated with the Varicella vaccine at no charge to myself. However, I decline the Varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Varicella. If in the future I choose, I can receive the vaccination at no charge to me.

I choose to decline the Varicella vaccination due to the following reason (optional):

Employee Signature

Date

Witness Signature

Date