



C.H.T.Services, Inc.

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PRE-EMPLOYMENT: HEPATITIS B, PNEUMOCOCCAL AND INFLUENZA VACCINE CONSENT/DECLINATION CONFIDENTIAL

C.H.T.Services, Inc. strongly endorses the Center for Disease Control and NYS Department of Health's recommendations for all employees to be vaccinated against Hepatitis B, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella and Influenza. I understand that even if I decline these vaccinations at this time, I can still choose, at any future time to receive any of the below mentioned vaccinations. I have also been informed that if I choose to be vaccinated, it is my responsibility to make arrangements with my physician and forward all related documentation to C.H.T.Services.

Consent for Vaccination

I have been advised about the advantages and risks associated with the following vaccinations and agree to be vaccinated against:

- Hepatitis B
- Pneumococcal infection
- Tetanus and Diphtheria (**Td**)
- Tetanus, Diphtheria and Pertussis (**Tdap**)
- Varicella
- Influenza (flu) (please answer the following questions)

1. Do you have an allergy to eggs or egg products?

Yes No

2. Do you have a history of Guillain-Barre Syndrome?

Yes No

Print Name: _____

Signature: _____ Date: _____

Declination for Vaccination

I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease and hold harmless the agency. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have previously been vaccinated for Hepatitis B and I am currently immune. (attach supportive documentation)

I am declining vaccination with the Pneumococcal vaccine. I understand I can change my mind at any time and request to be vaccinated. **Prior vaccination:** (date) _____

I am declining vaccination with the Influenza vaccine. I understand I can change my mind and request to be vaccinated within the time period of vaccine availability.

I am declining vaccination with the Tetanus and Diphtheria (Td) vaccine.

I understand I can change my mind at any time and request to be vaccinated.

Prior vaccination: (date) _____

I am declining vaccination with the Tetanus, Diphtheria and Pertussis (Tdap) vaccine.

I understand I can change my mind at any time and request to be vaccinated.

Prior vaccination: (date) _____

I am declining vaccination with the Varicella vaccine. I understand I can change my mind at any time and request to be vaccinated. **Prior vaccination:** (date) _____

Print Name Clearly: _____ Department: _____

Signed: _____ Date: _____