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. I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. 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. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me. 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

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