

Vaccine Declination Form

As a part of my working with Dr. _____ at _____, evidence of certain vaccines or immunizations (e.g. Flu, Hepatitis B) are a part of the pre-employment requirements to be completed by me prior to my start date. However, I have the right to provide a declination in lieu of such evidence.

Additional vaccination and immunization requirements may be required during the course of my time working with Dr. _____, and I will be provided the opportunity to comply or decline at that time.

To that effect, I choose to decline to provide evidence of required pre-employment vaccination(s) or immunizations at this time, as indicated below. I may provide evidence of vaccination or immunizations at a later date if I so choose. I have read and fully understand the information on this declination form.

Hepatitis B

Influenza (Montana locations only)

Print name _____

Signature _____ Date _____