



MMR Immunization Declination

I have read, or have had read to me, information concerning MMR vaccine and I have had an opportunity to ask questions about it. I understand the benefits and risks of MMR vaccination as described. However, I do not want the vaccine given to me.

I also understand that if I am exposed to measles, mumps, or rubella (German Measles) I am at risk of contracting the disease and giving it to others. In the event of exposure to measles, mumps or rubella, I will report the exposure to the Occupational Health Program and may be removed from patient contact during the time I could transmit the disease to others (as recommended by CDC guidelines).

Name (Please Print)

Social Security Number

Employee Signature

Date