



TDAP DECLINATION FORM

I, _____ acknowledge that I am aware of the following facts:
Print Name

- Whooping cough (pertussis) is a highly contagious respiratory tract infection.
- I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring an infection with pertussis and by declining the Tdap vaccine; I continue to be at risk of acquiring a serious disease.

Signature

Date