Stark County Health Department Vaccination Declination Form

I understand that due to my occupation I may be at risk for exposure to certain communicable diseases. I have been given the opportunity to be vaccinated with the vaccines required for my job. I have read the Stark County Health Departments vaccination policy. At this time, I have decided to decline the following vaccines below.

Please circle which vaccines you are declining:

Hepatitis A Hepatitis B Tdap MMR Flu

I understand that by declining these vaccines, I continue to be at risk of acquiring certain diseases. If in the future I continue to have occupational exposure and I want to be vaccinated, I can receive the vaccination at that time.

By signing this form, I am declining the vaccinations indicated above at this time and will follow all required safety measures throughout my academic experience at the SCHD.

Student Name (print)_____

Student Signature_____Date: _____

Witness Name (print)_____

Witness Signature_____Date: _____

Revised 8/2021