

Declination of Vaccination / Proof of Immunity

My employer or affiliated agency, Burlington Area School District, has recommended that I provide proof of immunity or receive the following vaccinations to protect myself and the students I serve:

- MMR (measles, mumps and rubella) - at least 1 dose per age guidelines
- Hepatitis B - 3 doses
- Tdap (tetanus, diphtheria, and pertussis) - 1 dose

I acknowledge that I am aware of the following facts:

1. Educational institutions and childcare facilities are potential high-risk areas for transmission of vaccine-preventable diseases.
2. In the event of an outbreak of a vaccine-preventable disease, I may be excluded from the school and isolated or quarantined to my home by the local health department.
3. In the event of an outbreak of a vaccine-preventable disease, it could mean either unpaid days off or the use of paid time off, if available, until I can provide written proof of immunity or the until the local health department removes restrictions.
4. The consequences of my refusing to be vaccinated could have life-threatening impacts on my health and the health of those with whom I have contact, including students I serve, my coworkers, my family and my community.

Despite these facts, I am choosing to decline vaccination / proof of immunity right now, for the following reasons:

I understand that I can change my mind and acquire vaccination or provide written proof of immunity to the Burlington Area School District at any time.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Name (print): _____ School: _____

Department: _____