

CONSENT FOR ADMINISTRATION OF VARICELLA VACCINE

I _____ have read the information about varicella and varicella vaccine and have had the opportunity to ask questions about the benefits and risks of vaccination. I understand that there is no guarantee that I will become immune and that there is a possibility that I will experience an adverse side effect from the vaccine, and will report these to the Employee Health nurse.

For women:

I have been advised varicella vaccine can have an adverse effect on a developing fetus. Therefore, if I might be pregnant or become pregnant during the vaccination series, vaccinations should be postponed.

Signature of Recipient _____ Date _____

REFUSAL/SELF DEFERRAL FOR VARICELLA VACCINE

I understand that due to my occupational exposure to potentially infectious material, I may be at risk of acquiring varicella (chicken pox) infection. I have been given the opportunity to be vaccinated with varicella vaccine at no charge to myself. However, I decline the vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring varicella. If, in the future, I continue to have occupational exposure to this disease and I want to be vaccinated, I can receive the vaccination at no charge to me.

Signature _____ Date _____