



Varicella History/Declination

I, _____, attest that, to the best of my
(PRINTED Employee Name)

knowledge, I have had Chicken Pox (or Shingles):

_____ YES _____ NO _____ Don't know

I understand, if I answered "No" or "Don't Know" to the above, that I will be required to have a Varicella titer drawn and if the titer is "negative or not immune", I have the option to have the Varicella vaccination.

I understand that due to my occupational exposure I may be exposed to Varicella (Chicken Pox). I have been given the opportunity to be vaccinated with the Varicella vaccine at no charge to myself. However, I decline the Varicella vaccine at this time. I understand that Varicella in adults is a very serious disease and vaccination is the best way to protect against the disease.

Employee Signature: _____

Date: _____