



## **Diphtheria, Pertussis, Tetanus** **Declination**

I understand that due to my occupational exposure I may be at risk to acquire tetanus, diphtheria, and/or pertussis (commonly known as whooping cough). I acknowledge that by declining the tetanus, diphtheria, or pertussis vaccinations or titers, I continue to be at risk of acquiring tetanus, diphtheria, and/or pertussis.

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date