



Measles, Mumps, Rubella
Declination

I understand that due to my occupational exposure I may be at risk to acquire measles, mumps, and/or rubella. I acknowledge that by declining the measles, mumps, rubella vaccination or titer, I continue to be at risk of acquiring measles, mumps, and/or rubella.

Printed Employee Name

Employee Signature

Date

Agency Representative

Date