



Health Services
LOS ANGELES COUNTY

EMPLOYEE HEALTH SERVICES DECLINATION FORM

FOR COUNTY DHS EMPLOYEE

LAST NAME	FIRST, MIDDLE NAME	BIRTHDATE	EMPLOYEE NO.
JOB CLASSIFICATION	ITEM NO.	DHS FACILITY	
DEPT/DIVISION	WORK AREA/UNIT	SHIFT	P/L
E-MAIL ADDRESS	WORK PHONE	CELL/PAGER NO	SUPERVISOR NAME

Please check in the section(s) as apply AND indicate reason for the declination.

I. ☐ 8 CCR §5199. Appendix C1 - Vaccination Declination Statement

Check as apply: ☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella

I understand that due to my occupational exposure to aerosol transmissible diseases (ATD), I may be at risk of acquiring infection as indicated above. I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. If not immune, I must be immunized (unless medically contraindicated) or risk being restricted from areas of the health facility. I understand that by declining the vaccine(s) if medically contraindicated, I continue to be at risk of acquiring the above infection(s), a serious disease. If in the future I continue to have occupational exposure to ATD and want to be vaccinated, I can receive the vaccination(s) from DHS-Employee Health Services (EHS) at no charge to me.

Reason for declination: _____

II. ☐ 8 CCR §5193. Appendix C1 - Vaccination Declination Statement

☐ Tdap/Td Reason for declination: _____

☐ Seasonal Influenza: I am aware that I will be required to wear a surgical mask whenever I have to work within an area that provides patient care/services during influenza season.

Reason for declination (check as apply):

- ☐ I believe I can get the flu if I get the shot
 ☐ I do not like needles
☐ I have severe reactive to previous vaccine
 ☐ I do not wish to say why I decline
☐ I have history of Guillain-Barré syndrome within 6 weeks after previous vaccine
 ☐ Other: _____

III. ☐ 8 CCR §5193. Appendix A - Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series from DHS-EHS at no charge to me.

Reason for declination: _____

IV. ☐ Specialty Asbestos Surveillance Declination

I understand that due to my occupational exposure to asbestos at a combined total of 30 or more days a year warrant medical surveillance. I am eligible and have been given the opportunity to enroll in the Medical Surveillance Program. This will enable me to receive specific initial, periodic and exit medical examinations, at no charge to me and at a reasonable time and place.

However, I decline to be enrolled in this program at this time. I understand that by declining this strongly recommended enrollment,

PLEASE SIGN ON PAGE 2

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
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I will not be medically monitored for occupational exposure to this hazard. I also understand that if in the future I continue to have occupational exposure to the hazard identified above and I want to be enrolled in the Medical Surveillance Program, I can do so at any time at no charge to me.

Reason for declination: _____

V. ☐ Specialty Hazardous Drug/ Anti-Neoplastic Surveillance Declination

I am aware that handling hazardous drugs / antineoplastic may cause adverse health effects, and workforce members of reproductive capability must confirm in writing that they understand the risks of handling hazardous drugs. I understand that due to my occupational risk I am eligible and have been given the opportunity to enroll in the Medical Surveillance Program. This will enable me to receive specific initial, periodic and exit medical examinations, at no charge to me and at a reasonable time and place.

However, I decline to be enrolled in this program at this time. I understand that by declining this strongly recommended enrollment, I will not be medically monitored for occupational exposure to this hazard. I also understand that if in the future I continue to have occupational exposure to the hazard identified above and I want to be enrolled in the Medical Surveillance Program, I can do so at any time at no charge to me.

Reason for declination: _____

VI. ☐ Specialty Hearing Conservation Surveillance Declination

I understand that due to my occupational exposure that equals or exceeds an 8-hour time-weighted average of 85 decibels warrant medical surveillance. I am eligible and have been given the opportunity to enroll in the Medical Surveillance Program. This will enable me to receive specific initial, periodic and exit medical examinations, at no charge to me and at a reasonable time and place.

However, I decline to be enrolled in this program at this time. I understand that by declining this strongly recommended enrollment, I will not be medically monitored for occupational exposure to this hazard. I also understand that if in the future I continue to have occupational exposure to the hazard identified above and I want to be enrolled in the Medical Surveillance Program, I can do so at any time at no charge to me.

Reason for declination: _____

VII. ☐ Microbiologist Only

Meningococcal vaccine is recommended to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. Both MenACWY and MenB should be provided and boost with MenACWY every 5 years if risk continues. If in the future I continue to have occupational exposure risk and want to be vaccinated, I can receive the vaccination(s) from DHS-EHS at no charge to me.

Reason for declination: _____

SIGN BELOW: By signing this, I am declining as indicated on this form.

EMPLOYEE SIGNATURE		DATE/TIME
EHS STAFF (PRINT NAME)	SIGNATURE	DATE/TIME