

Declination Request Form

The following declination request form must be signed by an individual who wishes to request an exemption from immunizations.

Please check the box of each vaccination you wish to be exempt from:

- | | |
|---|--|
| <input type="checkbox"/> Varicella/ Chicken Pox | <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (Tdap) |
| <input type="checkbox"/> Measles, Mumps and Rubella (MMR) | <input type="checkbox"/> Tuberculosis (TB) Skin Test |
| <input type="checkbox"/> Influenza/ Seasonal Flu Vaccine | <input type="checkbox"/> Hepatitis B |

I understand that the hospital or healthcare organization to which my employer provides services ("Hospital") will be informed of my declination and that the Hospital may decide to deny my access to the Hospital to provide services on behalf of my employer.

Exemption Request

Please check

If you wish to be exempt from immunizations pursuant to the Canadian Charter of Rights and Freedoms, which guarantees every person, "security of the person" and the right to "freedom of conscience and religion"¹, select this option.

Other (please specify below or attach letter)

Please check

Declination Statement

In signing this declination exemption, I confirm that I have received adequate information regarding the efficacy, safety, method of administration and the benefits of vaccination.

I understand that due to my occupational exposure to healthcare facilities I may be at risk of acquiring an infection.

I have been given the opportunity to be vaccinated; however, I decline the vaccination at this time and I understand that by declining this vaccine I continue to be at risk of acquiring infections and do so at my own risk.

Signature:

Date

Print Name

¹ Canadian Charter of Rights and Freedoms, Constitution Act, 1982, retrieved from: <http://laws-lois.justice.gc.ca/eng/Const/page-15.html>

**Please submit this Signed document to Reptrax and ensure that a new Consent of Use form is submitted so that this can be updated in the system.*