

**DECLINATION OF VACCINATION**

**U.S. Nursing applicant to complete the following:**

**TDAP VACCINATION DECLINATION**

I, \_\_\_\_\_, understand that I have been requested to supply proof of TDAP Vaccination or agree to the vaccination prior to placement with U.S. Nursing, LLC. However, I decline the TDAP Vaccination. I understand that I cannot be placed at a U.S. Nursing facility that requires the TDAP Vaccination.

I agree to hold harmless both facility and U.S. Nursing, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the TDAP Vaccination.

Signature \_\_\_\_\_

Date \_\_\_\_\_