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Independent Healthcare Staffing, Inc

~Of Nurses, For Nurses, By Nurses~

Health Declinations and History Statement

(Rev1) 4/25/08

Hepatitis B Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the series at no charge to me.

Employee's Signature

Date

Tetanus Vaccination Declination

I understand that I have been requested to supply proof of "Tetanus Vaccination" or agree to the vaccination prior to placement. However, I decline the vaccination at this time. Furthermore, I understand that the lack of a "Tetanus Vaccination" could be required by some facilities and that for me to work there I would be required to receive Tetanus at that time. I agree to hold harmless both Facilities at which I am placed, Independent Healthcare Staffing, their owners, directors, employees, staff, and agents from any and all liability arising out of my refusal of the "Tetanus Vaccination".

Employee's Signature

Date

Varicella Vaccination History Statement

I understand that I have been requested to supply proof of the "Varicella Vaccination" or agree to the vaccination prior to the placement. However, I decline the vaccination at this time. Having had chicken pox as a child, my exposure rate is non-existent. I understand that due to my occupational exposure I may be at a higher risk of contracting chicken pox. In the future, if I want to be vaccinated with Varicella, I will receive the vaccination at that time. Furthermore, I understand that the lack of a "Varicella Vaccination" could be required by some facilities and that for me to work there I would be required to receive the Varicella Vaccination prior to me starting an assignment at the said facility.

Employee's Signature

Date