

## DECLINATION OF VACCINATION

U.S. NURSING applicant to complete the following:

### HEPATITIS B VACCINATION

I, \_\_\_\_\_, RN, understand that I understand the OSHA guidelines and have been requested to supply proof of Hepatitis B Vaccination or agree to the vaccination prior to placement with U.S. NURSING, Inc. However, I decline the Hepatitis B Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a U.S. NURSING client (hereinafter "Facility") that requires the Hepatitis B Vaccination.

Therefore, in consideration of my employment with U.S. NURSING and placement at a Facility, 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 Hepatitis B Vaccination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TETANUS VACCINATION DECLINATION

I, \_\_\_\_\_, RN, understand that I have been requested to supply proof of Tetanus Vaccination or agree to the vaccination prior to placement with U.S. NURSING, Inc. However, I decline the Tetanus Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a U.S. NURSING client (hereinafter "Facility") that requires the Tetanus vaccination.

Therefore, in consideration of my employment with U.S. NURSING and placement at a Facility, 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 Tetanus Vaccination.

Signature \_\_\_\_\_ Date \_\_\_\_\_