

William R. Sharpe Jr. Hospital

Varicella Vaccine

(Chickenpox Vaccine)

Name: _____ DOB _____

Varicella Vaccine Consent

I have been provided a copy of the Varicella Vaccine Information Statement that discusses the specific risks and benefits of the vaccine and consent to its administration. I have had an opportunity to ask questions. I understand that I must have 2 doses of vaccine to confer immunity. As with all medical treatment, there is no guarantee that I will become immune or that I will not experience and adverse side effect from the vaccine. I request that this vaccine be given to me.

Employee Signature _____ Date _____

Staff Use Only

	Date	Lot No.	Exp. Date	Dose /Site	VIS Date	Admin By
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

Varicella Vaccine Declination

I understand that due to occupational exposure, I may be at risk of acquiring varicella (chickenpox). I have been given the opportunity to be vaccinated with varicella vaccine, at no charge to myself. However, I decline varicella vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of varicella. If in the future, I continue to have occupational exposure and I want to be vaccinated with varicella, I can receive the vaccination series at no charge to me.

I also understand that should there be a hospital outbreak of any of the above diseases, I will be required to utilize PDO time or take time off without pay until the outbreak resolves.

Employee Signature _____ Date _____