**U.S. Environmental Protection Agency (EPA)**

**Organization Name**



**Street Address**

**City, State and Zip Code**

**SUBJECT: Statement Declining the Examining Physician’s Recommended Vaccinations**

I understand that to carry out my job responsibilities, I may be at risk of coming into contact with potentially infectious materials. I have been given the opportunity to be vaccinated at no charge to myself. However, I decline vaccination at this time. I understand that by declining vaccination, I continue to be at risk of acquiring an infectious disease. If in the future I continue to have occupational exposure to potentially infectious materials and I want to be vaccinated, I can receive vaccines at no charge to me.

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| (Name of EPA employee [printed]) |  |  |
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|  |  |  |
| (Signature of EPA employee) |  | (Date) |
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|  |  |  |
|  |  |  |
| (Signature of Supervisor or SHEMP Manager) |  | (Date) |