

§5199. Aerosol Transmissible Diseases.

**Appendix C1 – Vaccination Declination Statement (Mandatory)**

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by subsection (h)(5)(E):

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with  Pertussis (Whooping Cough) . I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring  Pertussis (Whooping Cough) , a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, **I can receive the vaccination at no charge to me.**

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Employee Signature

\_\_\_\_\_  
Date