**Employee Attestation of Compliance**

**Immunizations and TB Screening**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **SAP:** |  |
| **Verifying Supervisor:** |  | **SAP:** |  |
| **Program:** |  | **Date:** |  |
| **Policy Acknowledgement** |
| ***All Staff***\_\_\_ (initials) I have read and understand Departmental policy DM 4.16: Employee Immunizations |

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| ***Medical/Dental, Inspectors, WIC, Lab Employees****This is a summary only. For details, see full policy.*

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| --- | --- | --- | --- | --- | --- | --- |
|  | Seasonal influenza | MeaslesRubellaVaricella | Hepatitis B | Td/TdaP | RabiesAnthrax | TB screening |
| Medical/Dental | Y | Y | Y | Y | N | Y |
| Inspectors | Y | Y | N | N | N | N |
| WIC | Y | Y | N | N | N | N |
| Lab | Y | N | Y | N | Y \* | Y |
| \*If designated by Program Manager |

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| \_\_\_\_ (initials) ***Protected:*** *I am in compliance with the policy and have received all required immunizations. If applicable, I also have received TB screening, which may be in the form of a questionnaire.*\_\_\_\_ (initials) ***Declination With Exemption:*** *As an employee required to receive immunizations, I attest that I filed for the following EXEMPTION and attached required documentation:*\_\_\_\_ (initials) Medical Exemption (Signed Physician Statement)\_\_\_\_ (initials) Religious Exemption (Signed Letter from Clergy)\_\_\_\_ (initials) ***Declination Without Exemption:*** *As an employee required to receive immunizations, I attest that I decline some or all immunizations/screening without an approved EXEMPTION.*\_\_\_\_ (initials) ***Hepatitis B Series Declination (Medical/Dental and Lab only):*** I DECLINE the Hepatitis B Series and have signed and attached the Hepatitis Declination form (MHD014). |
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| ***Low Risk Employees: Staff NOT LISTED in Table Above*** |
| \_\_\_\_ (initials) **Before deployment during a public health emergency response, I will release my vaccination records to the Metro Health Medical Director upon request.** |

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Employee Signature Supervisor Signature