

# City of Taylorville

## VACCINATIONS WAIVER

*(Check Boxes)*

I have declined:

Hepatitis A

Hepatitis B

Tetanus

Hepatitis A and/or B and/or Tetanus vaccinations have been offered to me at no cost. But I have chosen to decline the vaccinations at this time.

I have read the **(attached)** information from the Center for Disease Control and Prevention (CDC) on the risk of not being vaccinated. I accept the risk of not receiving these vaccinations. I understand if I change my mind, I can receive the vaccinations the next time they are offered.

**I understand that this is an acknowledgment that I was offered these vaccinations, which I have declined to receive at this time.**

Signed \_\_\_\_\_

Date \_\_\_\_\_