

Prince George County Virginia Fire & EMS

Health History & Immunization History Release of Information

Declination Form

I have attended education and training on blood-borne pathogens & TB and I have reviewed the forms requesting health and immunization/vaccination history.

I understand that this information is to be confidential and would only be used to assist in evaluation of whether I should be offered a vaccine or immunization as a prevention measure prior to any exposure event or for post- exposure evaluation and treatment.

I decline submitting this information to the Designated Officer. I understand that if I change my mind, I will be able to complete the forms and receive any recommended immunizations or vaccinations.

Signature: _____ Date _____