Vital Health Staffing LLC
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MMR (Measles, Mumps, Rubella) Declination Form

Employee Name (Print): _____ **Position:** _____

I understand that Vital Health Staffing requires documentation of immunization or immunity to protect patients, staff, and the community. The MMR (Measles, Mumps, Rubella) vaccine is an important part of these requirements.

Please read and check the statement below that best applies to you:

☐ **Declined**
I am unable to receive the MMR vaccine due to a medical condition or contraindication documented by a licensed healthcare provider or I decline due to personal or religious beliefs.

☐ **No Records Available but Previously Vaccinated**
I was born in the United States and received all standard childhood immunizations, including MMR. However, due to frequent moves and changes in healthcare providers during my childhood, I have no way of obtaining records of when or where the vaccine was given.

☐ **Other (please specify):** _____

Acknowledgement

I understand that by declining to provide proof of MMR vaccination or immunity:

- I may be required to provide bloodwork (titers) showing immunity to measles, mumps, and rubella.
- In the event of an outbreak or exposure, I may be subject to work restrictions or reassignment for the safety of patients and staff.
- My declination does not release me from any requirements that a facility may have for placement.

I have read and fully understand this declination.

Employee Signature: _____ **Date:** _____