



Vital Health Staffing LLC  
4141 38th St S Ste 2D, Fargo, ND 58104  
Phone: 701-356-1653 | Email: [info@vitalhealthstaffing.us](mailto:info@vitalhealthstaffing.us)

---

## Varicella (Chickenpox) Titer/ Vaccine Declination Form

Employee Name (Print): \_\_\_\_\_ Position: \_\_\_\_\_

I understand that **some facilities where I may be assigned require documentation of immunity to varicella (chickenpox) through vaccination records or a positive titer** for healthcare personnel.

I acknowledge that:

1. I have been given the opportunity to provide proof of immunity through vaccination or titer at no cost to me.
2. If I do not provide this documentation, I may not be eligible for certain assignments where proof of immunity is required.
3. I may be required to follow additional safety measures in certain facilities.

**By signing below, I decline to provide varicella vaccination or titer documentation at this time.**

---

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By (VHS Staff): \_\_\_\_\_ Date: \_\_\_\_\_