

Tetanus Vaccination Declination:

I understand that I have been requested to supply proof of a Tetanus Vaccination or agree to the vaccination prior to placement with Specialty Professional Services. However, I decline the Tetanus Vaccination. Further I understand that I might not be permitted to be placed at a Specialty Professional Services client facility that requires a Tetanus Vaccination.

Therefore, inconsideration of my employment with Specialty Professional Services at a client facility, I agree to hold all liability arising out of my refusal of the Tetanus Vaccination

Employee Signature

Employee Name (Print)

Date

____-____-____
Social Security Number