EMPLOYEE IMMUNIZATION AUTHORIZATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Indian Health Service

BACKGROUND: The Indian Health Service IHS Employee Immunization Policy addresses two employee health, workplace-related concerns: (1) the protection of patients from certain infectious diseases that may be transmitted from infected employees and for which there are recommended vaccines and (2) the protection of employees from adults infectious diseases for which there are recommended vaccines. All IHS employees working in a hospital or clinic must comply with the requirements of the IHS Employee Immunization Program as a condition of employment and must be immune from measles and rubella. When indicated and requested, employees who are required to demonstrate immunity shall be assisted, at no charge, in obtaining serologic tests to evaluate their immune status with regard to measles and rubella. Every employee who gives informed written consent shall be provided, at no charge, certain vaccines listed below, except IHS shall make available the hepatitis B vaccine and vaccination series only to employees who have occupational exposure and shall make available post-exposure evaluation and follow-up to all employees who have had an exposure incident.

AUTHORITY: 5 CFR 339.301; 29 CFR 1910.1030; Federal Personnel Manual Chapter 339; and Part I-Chapter 12, "IHS Employee Immunization Program," IHS Manual.

I have been provided information about the following infectious diseases and their vaccines or Toxids: *(Check the appropriate disease / vaccine)*

- ☐ Influenza / Influenza Vaccine
- ☐ Hepatitis B / Hepatitis B Vaccine
- ☐ Measles, Mumps, Rubella / Measles, Mumps, and Rubella Vaccines
- ☐ Diphtheria and Tetanus / Tetanus-diphtheria Toxids
- ☐ Other *(Specify)* _____

I have read and understand the information provided to me. I received answers to any questions I raised. Furthermore, I have had the opportunity to read the IHS Employee Immunization Policy. If performance of my duties involves occupational exposure to blood or other potentially infectious materials, I have been given access to a copy of the IHS Bloodborne Pathogens Exposure Control Plan and have received the required training. I understand that my immunization status has been reviewed and evaluated by an appropriate IHS health professional. Based on the information provided to me, the review and evaluation of my immunization status, and the recommendation of the IHS health professional, I consent to receive the following vaccine(s): *(Check the appropriate vaccine(s).)*

☐ Influenza ☐ Hepatitis B ☐ Rubella ☐ Measles-Rubella (MR) ☐ Tetanus-diphtheria (Td)
☐ Pneumococcal ☐ Measles-Mumps-Rubella (MMR) ☐ Measles ☐ Tetanus ☐ Other *(Specify)* _____

Employee's Name *(Typed or Printed)*	Witness' Signature Date
Employee's Signature Date	

MEASLES-MUMPS-RUBELLA IMMUNIZATION DECLINATION

I have been provided information about Measles-Mumps-Rubella (MMR) and Measles-Rubella (MR) vaccines. I have read and understand the information provided to me. I received answers to any questions I raised. Furthermore, I have had the opportunity to read the IHS Employee Immunization Policy. I understand that my immunization status has been reviewed and evaluated by an appropriate IHS health professional. Based on that review and evaluation, I understand that I am unprotected against the following disease(s):

_____Measles *(Initial)* _____Mumps *(Initial)* _____Rubella *(Initial)*

I have been given the opportunity to be vaccinated with measles and rubella vaccines, at no charge to myself. However, I do not consent to receive vaccine(s) to the above listed disease(s) I initialed. The potential risks of being unprotected against the disease(s) were explained to me. I understand that I am subject to be reassigned or removed from the Indian Health Service because of my refusal.

Employee's Name *(Typed or Printed)*	Witness' Signature Date
Employee's Signature Date	

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read and understand the potential risks associated with declining the vaccine.

Employee's Name *(Typed or Printed)*	Witness' Signature Date
Employee's Signature Date	