

## Acknowledgment of Refusal of Immunization

(Pursuant to Health PEI Policy on Immunization and Tuberculosis Testing\*)

**Employee Information:**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Position:</b>	<b>Employee #:</b>

Health PEI values the health and safety of its health care workers and the populations they serve. The Public Health Agency of Canada ([www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)) identifies health care workers as a specific risk group. *“Health care workers, including other staff who work or study in hospitals...are at risk of exposure to communicable diseases because of their contact with patients/clients or their environment. There is also a risk that health care workers could transmit an undiagnosed vaccine-preventable disease to others...”* (<http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-work-travail-eng.php>). Health PEI is committed to developing and implementing measures in order to minimize the risk of occupational injury and illness in the workplace.

\*The purpose of the Immunization and Tuberculosis Testing Policy is to ensure workers are immunized and screened according to the recommendations contained in the current Canadian Immunization Guide ([www.phac-aspc.gc.ca/publicat/cig-gci/](http://www.phac-aspc.gc.ca/publicat/cig-gci/)) and National Advisory Committee on Immunization and Tuberculosis Screening ([www.phac-aspc.gc.ca/naci-ccni](http://www.phac-aspc.gc.ca/naci-ccni)).

I have declined to receive the following immunizations, which my employer has been offered to me at no cost:


In declining immunization, I acknowledge the following:

- I am placing myself, my clients/patients and/or my co-workers at risk for contracting disease(s) for which immunization can safeguard against;
- I may be subject to work restrictions and/or work modifications at my employer’s discretion if there is a case or outbreak in my work place.

The employee health nurse/designate has discussed with me the nature and anticipated effects of the immunization(s), including the risks to me, my clients/patients, and other health care workers of not receiving the immunization(s) noted above. I have had the opportunity to ask questions and to have my questions answered. I am satisfied with and understand the information provided to me.

\_\_\_\_\_  
(Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)