



**SOUTH FLORIDA STATE COLLEGE
EMS PROGRAM
IMMUNIZATION(S) DECLINATION FORM**



Sign this document in the presence of a Notary.

This will certify that I, the undersigned, understand and accept the following statements:

- I understand that due to my selected occupation, I am at risk of exposure to blood and other potentially infectious pathogens and subsequent complications that may occur as a result of transmission; The **Dean, Applied Sciences & Technologies** strongly urges all EMT and Paramedic Program students to partake in every suggested immunization.
- I understand that by declining vaccinations indicated below, I continue to be at risk of acquiring an infectious disease.
- I understand that the South Florida State College EMS Program and/or the clinical affiliates will provide personal protective equipment (PPE) as included in lab fees, but this will not provide complete protection against transmission.
- I confirm that if I sign this declination form and should subsequently become exposed to or infected with transmissible pathogens while participating in program activities, as a student, I will hold South Florida State College, its affiliates, and staff harmless.

I am declining the following required immunizations/titers (indicated by a checkmark):

- Varicella (Chicken Pox) Titer
- MMR (Measles, Mumps and Rubella) Immunization/Titer
- Hepatitis C Titer
- Hepatitis B Immunizations/Titer

Reason for declination (required):

- Previously vaccinated (Unable to obtain proof due to age of vaccination)
- Personal reasons
- Religious beliefs
- Allergy to vaccination
- Other: _____

Student Name (Print) _____

Student Signature _____

Date _____

State of Florida
 County of _____
 Subscribed and sworn to before me this _____ day of _____ 20____.
 Proof of Identity:
 State of Florida Driver's License # _____
 This person signing this document is personally known to me

 Notary Public
 My Commission Expires: