



**Influenza, Tetanus, Diphtheria & Pertussis (Tdap)
Proof of Immunization/ Declination**

Registry Network, Inc. is pleased to offer all of our field employees the Influenza and Tdap Vaccine through our contracted provider. Please contact our Human Resources Department and they will schedule your appointment and then our Payroll Department will set up the payroll deduction. Please check the appropriate box below, sign, date, and print your name.

Healthcare Providers are at an increased risk of acquiring these serious diseases due to patient contact.

Influenza

- I have already received the Influenza Vaccine for the 2014-2015 Influenza Season.**
- I do not wish to receive the Influenza Vaccine for the 2014-2015 Influenza Season.**

Tdap

- I have already received the Tdap vaccine on_____.**
- I have elected NOT to receive the Tdap vaccine at this time.**

I understand that by my declining I may have a higher likelihood of acquiring and spreading the Influenza Virus.

I understand that it is my responsibility to ensure my good health and the health of my patients.

RNI Employee Signature

Date

Printed Name

Title