Registry Network
Incorporated

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

Registry Network, Inc. is pleased to offer all our field employees the 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.

Tdap

- ❑ **I have already received the Tdap vaccine on_____. Please provide us with your immunization record showing proof.**

OR

- ❑ **I elect NOT to receive the Tdap vaccine at this time. Note that not all facilities will accept a declination.**

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

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

_____ _____
Employee Signature Date

_____
Printed Name

Form updated 9-3-26