



Chicken Pox (Varicella) Vaccination Waiver

I am aware that in accordance with OSHA recommendation, hospitals are requiring a current Chicken Pox titer or record of the Chicken Pox vaccine in my employee profile prior to reporting to work.

As a Registered Nurse/Licensed Practical Nurse/Certified Nurse Assistant/Nurse Technician employed by ConTemporary, I hereby request a waiver from the Chicken Pox vaccination due to the possibility of adverse reactions to a live virus. I am aware that I am obligated to inform my employer if I have been exposed to the virus and may be unable to work for 21 days after exposure.

Generic Name	Primary Schedule and Booster(s)	Indications	Major Precautions and Contraindications	Special Consideration
Varicella zoster live-virus vaccine	Two 0.5 mL dose SC 4-8 weeks apart if >13 years of age	Indicated for HCW's who do not have either a reliable history of varicella or serologic evidence of immunity.	Pregnancy; immunocompromised persons; history of anaphylactic reaction following receipt of neomycin or gelatin. Avoid salicylate use for 6 weeks after vaccination.	Vaccine is available from the manufacturer for certain patients with acute lymphocytic leukemia (ALL) in remission. Because 71% - 93% of persons without a history of varicella are immune, serologic testing before vaccination is likely to be cost effective.

- Persons who provide health care to patients or work in institutions that provide patient care, e.g., physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, hospital volunteers, and administrative and support staff in health-care institutions.
- All HCW's (i.e., medical or non-medical, paid or volunteer, full-time or part-time, student or non-student, with or without patient care responsibilities) who work in health-care institutions (e.g., inpatient and outpatient, public and private) should be immune to measles, rubella and varicella.

I have been given the opportunity to be vaccinated with the Varicella vaccine, however I decline the Varicella vaccination at this time. I understand that by declining this vaccine, if I am exposed to either chicken pox or herpes zoster, either off or on the job, I will not be compensated by ConTemporary or its clients for any time away from work. Furthermore, I understand that I may receive the vaccination series at any time in the future.

Signature

Date

Please Print Name

Please fax the completed form to the Credentialing / Recruiting Fax: 703-354-0852 or bring with you to the interview appointment.