REQUEST FOR CONSCIENTIOUS OBJECTION FROM VACCINE PREVENTABLE DISEASES POLICY

TDAP

As a patient safety and health care personnel safety initiative, Methodist Healthcare System is requiring Tdap vaccination. This is similar to other vaccinations that Methodist Healthcare System requires as a condition of employment. Certain vaccinations have been recommended by the Centers for Disease Control for health care personnel and have been shown to be effective in protecting patients from these illnesses and complications related to them. Increasingly, national professional, health care and infection prevention organizations are recommending that health care organizations require certain vaccinations to protect the health and safety of patients, employees, patient and employee family members, and the community as a whole from these diseases.

NAME OF INDIVIDUAL REQUESTING CONSCIENTIOUS OBJECTION:
___________________________________________

Methodist Healthcare System will recognize exemptions to the vaccination policy for conscientious objections. The individual identified above is requesting to be exempt from Tdap vaccination for conscientious objections for the following reasons listed below:

___________________________________________

___________________________________________

I understand I am required to wear Personal Protective Equipment (PPE) at all times during patient care.

DHP Signature _____________________________________________ Date ________________

DHP Name (print) ________________________________________________________