

GRAND FORKS COUNTY VACCINATION FORM

I _____ Have received my 3 shot Hepatitis series vaccination. Attached are copies of my immunization records.

Signature: _____ Date: _____

I _____ Have not received my 3 host Hepatitis series vaccinations. Please schedule a time for me to receive the first of 3 vaccinations from the Grand Forks Public Health Department at Grand Forks County's expense.

Signature _____ Date: _____

I _____ Do not wish to receive the annual Influenza vaccination and/or the Tetanus and Pertussis (Tdep) immunization as required by the CDC while I am employed with Grand Forks County. I understand and accept full responsibility of the possible consequences if I am not vaccinated.

Signature _____ Date: _____