



## Dear Applicant:

In September 2012, a new Texas state law was enacted that directs all Texas healthcare facilities to develop and implement a policy to address vaccine preventable diseases as recommended by the Centers for Disease Control (CDC) for healthcare workers.

The diseases covered by the Memorial Hermann policy include:

(1) (2) (3)	Hepatitis B Seasonal Influenza Diphtheria	(4) (5) (6)		` '	Pertussis Tetanus Varicella
You have several options available to you to meet the requirements of this policy and law. These options include: 1) execution of the attestation statement on your current immunization or immunity status, 2) request and execute an exemption request form, 3) provide documentation of prior immunizations or titers showing immunity, 4) request titers be drawn at Memorial Hermann Occupational Health (at no cost to you) or 5) receive the above immunizations at Memorial Hermann Occupational Health (at no cost to you).					
When you complete the attestation statement, if all of your answers are "yes" for question 1-5 then no further documentation may be necessary. If you marked "no" to any of the questions 1-5, please indicate below how you wish to comply with the policy.					
П	will request a religious, medic	cal o	r reason of conscience	e exe	mption.
NOTE: If you choose to request an exemption to the Memorial Hermann Vaccine Preventable Disease policy then you will be subject to any isolation policies, processes or procedures at any Memorial Hermann facility. This may include but is not limited to the use of masks, limited access to some areas, or other means designed to limit the potential exposure to other individuals.					
П	will provide immunization or t	titer	ecords to the MSO off	ice.	
П	will report to Occupational He	ealth	and receive the above	e imn	nunizations.
П	will report to Occupational He	ealth	and have titers draw t	o sh	ow immunity.
Print Name:					
_					
Signature:			Da	ate: _	

Revised: 4/21/15