



PULMONARY
ASSOCIATESSM

VAPE FREE PLEDGE

I, _____, PLEDGE TO PROTECT MYSELF AND OTHERS
FROM THE HEALTH RISKS OF VAPING. I UNDERSTAND THAT VAPING HAS
SERIOUS HEALTH RISKS, AND PLEDGE TO NEVER VAPE, OR USE TOBACCO
IN ANY FORM. I PLEDGE TO SPREAD THE WORD TO MY FRIENDS AND
FAMILY ABOUT THE DANGERS OF VAPING.

DATE

SIGNATURE