

# Vaccination Waiver Form

Immunization may be required or recommended for individuals depending on the type, area, and hazards associated with their particular work. Immunizations are available for agents; for example, Rabies, Hepatitis A & B, and Tetanus. Principle investigators are responsible for providing information regarding the risk versus benefits of any immunization that is available for their staff or students. Please fill out the following form to verify that information was provided regarding the vaccine and whether or not it was administered.

I, \_\_\_\_\_, Department of \_\_\_\_\_, hereby declare that I have been informed of the potential risk/hazards of \_\_\_\_\_ exposure and that **I DO WISH**  / **I DO NOT WISH**  to take part in any vaccination program associated with it.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

**NOTE:** If participating in a vaccination program please abide by the procedures as set out by each one. Ensure that there is some type of efficacy testing (based upon pre and post serum samples) done to determine the extent of your protection.