

APPENDIX C-1: Indiana University Employee Vaccination Acceptance/Declination Form

Employees who work in and around areas where infectious agents are handled may elect to receive vaccination with the appropriate vaccine, when such vaccines are available. There is NO CHARGE to the employee. To *decline* a vaccination, sign the declination (Section 3). New employees will not be given vaccination until authorization for employment is satisfactory.

- Fill in form and return this form to IUEHS Biosafety for your respective campus, either in person or via email for signature.
- Call the [Designated Medical Service Provider](#) for your respective campus to schedule an appointment for vaccination.
- Take a copy of this form to the vaccination appointment.
- Keep a copy for your records.

Section 1. To Be Filled Out By IUEHS Biosafety Research specific vaccine; vaccination requested (employees), or IBC advised		
PI name: _____		
Protocol Number: _____		
Vaccine: <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Vaccinia vaccine <input type="checkbox"/> Meningococcal <input type="checkbox"/> Rabies vaccine (Pre Exposure only) <input type="checkbox"/> Other: _____		
Biosafety Staff Signature: _____		
Billing account number: _____		
Section 2. <u>Employee</u> Vaccine Acceptance		
_____	_____	_____
Worker (Print)	(Sign)	(Date)
_____	_____	_____
Principal Investigator (Print)	(Sign)	(Date)
Section 3. <u>Employee</u> Declination Section for Research Specific Vaccine		
I understand that due to my occupational exposure to infectious agents I may be at risk for acquiring a laboratory acquired infection. I have been given the opportunity to be vaccinated with a vaccine appropriate to the research organism, at no charge to myself. However, I decline the vaccination listed above at this time. I understand that, unless I have been previously immunized with the vaccine listed, by declining this vaccine I continue to be at risk of acquiring a laboratory acquired infection. If in the future I continue to have occupational exposure to infectious agents and I want to be vaccinated, I can receive the vaccine at no charge to me.		
_____	_____	_____
Worker Name and ID Number (Print)	(Sign)	Date

The [Designated Medical Service Provider](#) is authorized to bill IUEHS for vaccination costs associated with the vaccines in Section 1 only if a Biosafety Staff signature is present.