

APPENDIX C-2: Indiana University Non-employee Vaccination

Acknowledgement

As a condition of protocol approval the IBC and IUEHS Biosafety for the respective campus may recommend or require non-employees to be vaccinated with the appropriate vaccine, when such vaccines are available. Funding for these vaccines is the responsibility of the Principal Investigator. IUEHS does not fund non-employee vaccines.

- Fill in form and return this form to IUEHS Biosafety for your respective campus, either in person or via email for biosafety 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: Pneumococcal Vaccinia vaccine Meningococcal

Rabies vaccine (Pre Exposure only) Other: _____

Biosafety Staff Signature: _____

Section 2. Non-Employee Acknowledgement Section for Research Specific Vaccine

By signing this form I acknowledge that the IBC and IUEHS Biosafety have advised I receive the research vaccine(s) checked above.

Worker Name and ID Number (Sign) (Date)
(Print)

Billing Account Number: _____