

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 EHS 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: Pneumococcal Vaccinia vaccine Meningococcal

Rabies vaccine (Pre Exposure only) Other: _____

Biosafety Staff Signature: _____

Section 2. Employee Vaccine Acceptance

Worker (Print) (Sign) (Date)

Principal Investigator (Print) (Sign) (Date)

Section 3. Employee 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.