

APPENDIX C-2: Indiana University Non-employee Vaccination

Acknowledgement

As a condition of protocol approval the IBC and EHS 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 individual or Principal Investigator. EHS does not fund non-employee vaccines.

- Fill in form and return this form to EHS 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 EHS Biosafety have advised I receive the research vaccine(s) checked above.

Worker Name and ID Number
(Print)

(Sign)

(Date)