## Completion of this form is mandatory if patient declines the vaccination(s)

## PATIENT HEALTH PROGRAMS SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE Vaccine Declination

I understand that due to my potential contact with live vertebrate animals used in any study, project, or instructional activity, I may be at risk of acquiring or transmitting infection. I have been given the opportunity to be vaccinated with (SEE BELOW). However, I decline vaccination at this time. I understand that by declining this vaccine, I continue to be at potential risk of acquiring or transmitting disease and I hereby waive liability, release, and forever discharge for myself, my spouse, if applicable, my heirs, executors, administrators and assigns, agrees to waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, illness, or the consequences thereof, resulting from or in any way connected with obtaining an infection or illness due to my declining vaccination whether caused by the ordinary, active or passive negligence of SIUE or otherwise, to the fullest extent provided by law. If in the future I continue to have potential contact with animals and I want to be vaccinated, I can receive the vaccination series.

Vaccine	
Date	*Signature
	Printed Name
	SIUE 800#
	Department
	Laboratory animal species exposure
	Witness Signature Da

<sup>\*</sup>It is the responsibility of the individual to send a copy of this Declination form to the IACUC Coordinator, SIUE, room 2215 Rendleman Hall, Campus Box 1046, Edwardsville, IL 62026-1046. The Individual's signature above indicates their permission to receive a copy of this Declination form for that purpose.