

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 Date

*It is the responsibility of the individual to send a copy of this Declination form to the IACUC Coordinator, SIUE, room 2202 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.