

Consent or Decline of Vaccination Form

Iowa State University Occupational Medicine Program
G11 Technical and Administrative Services Facility (TASF) / 2408 Pammel Drive, (515) 294-2056

Employee's Name (please print) Iowa State ID #

Department Worksite Building Worksite Room or Area

CONSENT TO VACCINATE

Please indicate the vaccination(s) you wish to consent to receive

Hepatitis B (3 inoculations) Rabies Other _____

I have read the information about the vaccine. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of receiving the vaccination. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

Signature of Employee Date Signed

If you have consented to receive vaccination(s), please take this form with you when you go to receive your injection(s) at Occupational Medicine, G11 TASF / 2408 Pammel Drive (515-294-2056).

DECLINE TO VACCINATE

Please indicate the vaccination(s) you wish to decline to receive:

Hepatitis B (3 inoculations) Rabies Other _____

I UNDERSTAND that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring an infection. I have read the information about the vaccine. I have had an opportunity to ask questions of a qualified medical professional and understand the benefits and risks of vaccination. I have been given the opportunity to be vaccinated, at no charge to myself; however, I decline vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, I can receive the vaccination series at no charge to me.

Check here if you are declining vaccination(s) because you have previously been vaccinated.

Signature of Employee Date Signed

Please fax this form to Occupational Medicine office at 515-294-1967 or mail to G11 TASF / 2408 Pammel Drive