

**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

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\_\_\_\_\_  
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 a 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 a 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***