

ACCEPTANCE/DECLINATION/REQUEST FOR ADDITIONAL
INFORMATION, *REQUIRED* LICENSED VACCINES
(Anthrax, Hepatitis A, Japanese encephalitis, Meningococcal, Polio, Rabies, Vaccinia
(smallpox), Typhoid, Yellow Fever, and RG3 strains of Influenza)

To be completed by the Researcher requiring vaccination:

Name:	UFID #:
Position/Job Title:	Position #:
Department:	EHS Project Registration #(s):

Acknowledgement of Receipt of Information and Understanding of Risk (*select all*)

- I understand I am at risk for infection with () for which there is a licensed vaccine available.
- I have read the [information about benefits and risks](#) of the () vaccine.
- I understand that UF employees can receive the vaccination or vaccination series at no cost.

Regarding the disease(s) and vaccine(s) triggering the vaccine requirement, *choose one or more* of the following:

- I accept the vaccine/vaccination series.
- I decline the vaccine/vaccination series because I have already been vaccinated *and* am current on all booster vaccines. Official medical records indicating 1) the date (month and year) of your vaccination(s)/booster(s), OR 2) laboratory evidence of immunity, must be provided to the UF Medical Provider for interpretation and verification.
- I decline the vaccine/vaccination series because I am requesting a waiver. I understand that by declining and waiving the vaccine, I continue to be at risk of infection. If I change my mind in the future, I can still receive the vaccine/vaccination series. I understand that if my waiver is not approved I will not be able to work with the agent.
- I have not decided about the vaccine and I would like to discuss vaccination options or concerns with a medical provider from the UF Infectious Disease Service or Occupational Medicine Clinic.

Researcher Name

Researcher Signature

Date

Supervisor/PI Name

Supervisor/PI Signature

Date

Submit this completed form to the Biosafety Office at bsa@ehs.ufl.edu. The Biosafety Officer will contact you regarding the next steps.