

ACCEPTANCE/DECLINATION/REQUEST FOR ADDITIONAL INFORMATION, RECOMMENDED VACCINES

To be completed by the Researcher:

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 Vaccine Information Sheet for the (_____) vaccine.
- I understand that UF employees can receive the vaccination or vaccination series at no cost.

Regarding the disease(s) and vaccine(s) recommendation, *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 month and year of the vaccination(s)/booster(s) OR laboratory evidence of immunity has been provided to the UF Occupational Medicine Provider
- I decline the vaccine/vaccination series. I understand that by declining 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 by resubmitting this form. I will sign a release & waiver agreement acknowledging my decision to decline vaccination.
- 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 bsso@ehs.ufl.edu.