

Request to Waive Required Licensed Vaccines

Part 1: To be completed by the Researcher requesting waiver.

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

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

Acknowledgement of Receipt of Information and Understanding of Risk

- 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.
- I understand that the US Advisory Committee for Immunization Practices (ACIP) provides specific vaccination recommendations for this vaccine which may be applicable based on the type of work I am performing, OR that the vaccine is required by federal regulations.
- I have completed an ACCEPTANCE/DECLINATION/REQUEST FOR ADDITIONAL INFORMATION, REQUIRED LICENSED VACCINES form indicating I am *declining* the vaccine/vaccination series and I am requesting a waiver.
- I understand that by declining and waiving the vaccine, I continue to be at risk of infection and could become seriously ill.
- 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.

Justification for waiver request (Attach additional sheets as necessary. Do not provide patient health information or confidential medical information. If your waiver request is related to an existing medical issue, just state that; the issue will be referred to the UF medical provider:

Researcher Name	Researcher Signature	Date
Supervisor/PI Name	Supervisor/PI Signature	Date

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Part 2: Biosafety Officer Recommendation

I support the waiver request for:		Yes	No
Why?			
I do NOT support the waiver request for:		Yes	No
Why?			
Additional input was sought from			
UF General Counsel - legal issues: Yes		No	Name:
Comments:			
UF Medical Provider: Yes		No	Name:
Comments:			
Other: Yes		No	Name:
Comments:			
Biosafety Officer Name:	Signature:	Date:	

Part 3: Institutional Biosafety Committee (IBC) Recommendation

The committee supports the waiver request for:		Yes	No
Why?			
The committee does NOT support the waiver request for:		Yes	No
Why?			
Additional input was sought from			
UF General Counsel - legal issues: Yes		No	Name:
Comments:			
UF Medical Provider: Yes		No	Name:
Comments:			
Other: Yes		No	Name:
Comments:			
IBC Chair Name:	Signature:	Date:	

Part 4: UF Medical Provider Approval

I discussed this waiver request with the researcher:		Yes	No
Name:	Comments:		
I discussed this waiver request with the researcher's PI/Supervisor:		Yes	No
Name:	Comments:		
Additional input was sought from			
UF General Counsel - legal issues: Yes		No	Name:
Comments:			
UF Biosafety Officer: Yes		No	Name:
Comments:			
Other: Yes		No	Name:
Comments:			
Waiver request status for:		APPROVE	DO NOT APPROVE
Why?			
UF Medical Provider Name:	Signature:	Date:	

Forward a copy of the completed form to the Biosafety Office at BSO@ehs.ufl.edu. They will inform the researcher and Researcher's PI/Supervisor.