Vaccination Consent Form

The University of Texas at El Paso (UTEP) strongly recommends vaccination for all persons who handle or manipulate non-attenuated human pathogens and for employees who have an occupational exposure risk to blood or other potentially infectious materials. You have the right to refuse any vaccine; however, if you do not consent to vaccination, your ability to work in a laboratory may be contingent upon you and other personnel in your work area’s adherence to more rigorous safety practices or procedures than would otherwise be required.

NAME: _____________________________________
(Print)

UTEP #: ____________________________________
(8-digit UTEP ID number)

I CONSENT:

My signature below indicates my consent to receive the vaccine/vaccines below. (Mark all applicable)

☑ Vaccinia (Small Pox) ☐ Hepatitis A ☐ Tetanus / Diphtheria
☐ Influenza A ☐ Hepatitis B ☐ Tetanus / Diphtheria / Pertussis
☐ Other __________________________

___________________________
Consent signature

_________________ __________
Date of consent

I DECLINE:

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, 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 with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

☐ Hepatitis B

I have been given the opportunity to be vaccinated at no charge to myself however, I decline the vaccinations marked below. I understand that if in the future, I continue to have exposure to potentially infectious materials and I want to be vaccinated, I can receive the vaccinations at no cost to myself.

☐ Vaccinia (Small Pox) ☐ Hepatitis A ☐ Tetanus / Diphtheria
☐ Influenza A ☐ Hepatitis B ☐ Tetanus / Diphtheria / Pertussis
☐ Previously Vaccinated ☐ Other __________________________

___________________________
Declination signature

_________________ __________
Date of declination

Questions regarding the Consent and Declination of any Vaccine may be directed to the Office of Environmental Health & Safety, Biosafety Officer at (915) 747-7124.