**Waivers to refuse immunization for Queen’s University personnel and students.**

***There are two waivers in this file. Fill in the blanks in the text below as required. Remove the waivers that do not apply to your situation. Your P.I. will keep a copy of this waiver with your training records.***

**Hepatitis B waiver:**

I understand that due to my occupational exposure to blood or other potentially infectious materials in the laboratory of \_\_\_\_\_\_\_\_\_\_ (P.I. name) at Queen’s University, I may be at risk of acquiring hepatitis A and B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis A and B vaccine, and to have my titre checked to ensure that I respond, 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 me upon my request.

I am an adult 18 years of age or older and am competent to provide informed and non-coercive consent to a specific medical intervention relevant to my situation or to refuse that intervention.

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness name (print): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hepatitis A and B waiver:**

I understand that due to my occupational exposure to blood or other potentially infectious materials in the laboratory of \_\_\_\_\_\_\_\_\_\_ (P.I. name) at Queens University, I may be at risk of acquiring Hepatitis A (HAV) and B virus (HBV) infection.

I have been given the opportunity to be vaccinated with Hepatitis A and B vaccine, at no charge to myself.  However, I decline Hepatitis A and B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis A or Hepatitis B, the latter being 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 A and B vaccine, I can receive the vaccination series at no charge to me upon my request.

I am an adult 18 years of age or older and am competent to provide informed and non-coercive consent to a specific medical intervention relevant to my situation or to refuse that intervention.

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness name (print): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver for Immunizations other than Hepatitis A or B:** contact the University Biosafety Officer