

ACCEPTANCE/DECLINATION/REQUEST FOR ADDITIONAL INFORMATION, RECOMMENDED VACCINES

To be completed by the Researcher:

Name:	NetID #:
Position/Job Title:	PI/Supervisor Name:
Department:	IBC and/or IACUC Protocol #(s):

Acknowledgment of Receipt of Information and Understanding of Risk (select all):

**Please complete a separate form for each recommended vaccine.*

- 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 the vaccination(s) cost will be limited to my applicable health care insurance co-pay. UM will work with employees and students to ensure that cost is not a factor in choosing to accept or decline any vaccination.

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 UM Occupational Health Nurse.
- I have not decided about the vaccine and I would like to discuss vaccination options or concerns with UM's Occupational Health and Safety Physician or Nurse.
- 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.

For vaccine declination, please complete:

- I further acknowledge that I have been informed of the availability and benefits of the () vaccine and have voluntarily chosen to decline vaccination at this time.
- I acknowledge and accept full responsibility for any consequences that may result from my decision to decline vaccination. I understand that the University, while committed to providing a safe and healthy environment, cannot guarantee protection from infection or illness, particularly in light of my decision not to receive the vaccine. To the fullest extent permitted by law, I hereby release, waive, and discharge the University, its trustees, officers, employees, affiliates, and agents from any and all liability, claims, demands, actions, or causes of action arising out of or related to my decision to decline vaccination and any resulting illness, injury, or other harm attributable to that decision. I have read and understand this acknowledgement of risk and limitation of liability, and I voluntarily sign it to indicate my informed decision.

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

Submit this completed form to the Occupational Health and Safety Nurse at dionne.peterson@mso.umt.edu