

UNIVERSITY OF CALIFORNIA SAN FRANCISCO
Office of Environmental Health and Safety

**POLIO EXPOSURE PROTOCOL
FOR THE RESEARCH LABORATORY SETTING**

POLIO VACCINE DECLINATION FORM

Vaccination of laboratory workers who are potentially exposed to polio has been shown to reduce the chances of having laboratory acquired polio infection among lab workers and will prevent secondary spread to close contacts.

I understand that polio immunization is highly recommended for all laboratory workers who may be exposed to polio, and I have been offered the vaccination at no cost to myself by the Occupational Health Services. I have been informed of the risk to myself, my close contacts and family if I do not accept immunization. I also certify that I have carefully reviewed the UCSF Polio Exposure Control Protocol, and I am aware of the risks and benefits of immunization.

However, I chose to decline immunization at this time for one of the following reasons:

- *I have medical contraindications to immunization.*
- *I have family members with contraindications to immunization.*
- *I have carefully evaluated risks/benefits and choose to decline immunization.*

If I decline for personal reasons and change my mind, I can receive a free vaccination at Occupational Health Service as long as the vaccination is available.

Print Name

Date of Birth

Lab

Signature

Date

