

TSRI Immunization Statement

In accordance with The Scripps Research Institute Policy on Prophylactic Immunization, I state that I work with a human pathogen and I understand that I am at risk of acquiring an infection that can develop into a serious disease. An approved vaccine has been offered to me, free-of-charge, for work with the following:

(Check the box next to the agent with which you work – only one agent per sheet)

**Category A agents:
Vaccination required**

- Measles virus
- Mumps virus
- Rubella virus
- Poliovirus
- Hepatitis A virus
- Hepatitis B virus
- Clostridium tetani*
- Clostridium botulinum*

**Category B agents:
Vaccination offered but not required**

- Vaccinia virus
- Influenza virus (human pathogenic strain)

Category A

- I have already been vaccinated for this agent on this date _____ **OR**
- I have immunity to this agent because I had the disease on this date _____.

*I understand that, for some agents, **proof** of vaccination, disease, or titer will be required and that I will be contacted if this is necessary.*

- I wish to be vaccinated. Please contact me.
- I wish to have a blood sample drawn for an antibody titer. Please contact me.
- I decline the vaccine for this agent. I understand that if I decline, I may not work with the category A agent at TSRI. I understand that I may change my mind and have the immunization at any time.

Category B

- I have already been vaccinated for this agent on this date _____.
- I wish to be vaccinated. Please contact me.
- I wish to have a blood sample drawn for an antibody titer. Please contact me.
- I decline the vaccine for this agent. I understand that I may change my mind and have the immunization at any time.

Name of individual (printed)

Principal Investigator

Signature of individual

Project Title

Date

Project Number

Only the individual offered immunization may sign this form. A signature by any other person on behalf of the individual named on this form is not permitted under any circumstance.