Attachment (A)

IMPORTANT INFORMATION
ON
WAIVERS FOR IMMUNIZATIONS

Immunizations and tuberculosis skin testing have been proven to be extremely important, cost effective public health tools. Failure to obtain adequate immunizations puts both yourself and the children you serve at greater risk of preventable infection. The document risks of serious complications from illnesses associated with infectious agents prevented by the required immunizations are listed below:

	SERIOUS COMPLICATIONS
Rubella	Fetal injury (congenital rubella syndrome)
Rubeola	Pneumonia; encephalitis
Hepatitis B	Chronic carrier state, cirrhosis, liver cancer
Polio	Paralysis of muscles
Tetanus	Muscular spasm that could compromise breathing

A waiver is provided for persons who have major health or personal contraindications that would prevent compliance with the immunization policy. Medical contraindications that might preclude immunizations include, but are not limited to, pregnancy, current serious illness, prior serious side effects due to vaccine or skin test, or allergy to any component of the vaccine.

Your supervisor should be able to discuss the appropriateness of using a waiver and any work restrictions that may be required if you are not adequately immunized. If you or your supervisor requires additional consultation, the Director of the Department of Epidemiology will be available to assist you.

Attachment (A)

Children's Research Institute
Columbus, Ohio
Employee Health Services

WAIVERS FOR IMMUNIZATIONS
STUDENTS AND ROTATING RESIDENTS

I do not wish to be updated with the measles, mumps, and rubella vaccine prior to my rotation at Children's Research Institute. I understand that by doing so, I may become exposed to these viruses in the course of my work at Children's Research Institute. If I become exposed and I am not immune to the virus, I understand that the potential exists that I will be placed off duty for the required exposure period. If I wish to receive the vaccine, I will contact my parent institution or family physician.

_____
(Signature and Date)

I do not wish to be updated with a tetanus-diphtheria vaccine. If I wish to receive the vaccine, I will contact my parent institution or family physician.

_____
(Signature and Date)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. In the future, if I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I will contact my parent institution or family physician for vaccine administration.

_____
(Signature and Date)