

Vaccinia Vaccination Declination/ Vaccine Acquisition Form

Vaccinia Virus

I acknowledge that (initial each item):

- I may be exposed to vaccinia virus while working in my current setting at Cornell University.
- I have been informed that the CDC Advisory Committee for Immunization Practices (ACIP) recommends vaccinia vaccination for individuals who come in direct contact with pathogenic and non-highly attenuated vaccinia virus and their recombinants.
- I have been given information generated by the CDC on the risks associated with potential exposure to the vaccinia virus among laboratory workers.
- I have had an opportunity to discuss my concerns and ask questions on the vaccinia virus and all of my concerns and questions were addressed.

Vaccinia Vaccine

I acknowledge that (initial each item):

- The vaccinia vaccine is offered by the Occupational Medicine Department at Cornell free of charge to all eligible employees and researchers.
- I have been given information generated by the CDC on the vaccinia vaccine, antiviral drugs for vaccinia, and medical conditions that increase the risk of serious side effects from the vaccine.
- The vaccinia vaccine may provide immune protection and help prevent a possible infection with vaccinia virus if I am exposed.
- I have been informed of the potential risk of medical complications including, but not limited to serious illness for me and my personal contacts after receiving the vaccine.
- I have been informed that there are increased risks for serious side effects including, but not limited to serious illness or death if I receive the vaccinia vaccine when I have specific medical conditions. (e.g. pregnancy, immunocompromising conditions, eczema and other skin conditions, or cardiac conditions)
- I have been informed that it is recommended that screening for medical conditions that are associated with increased risks of serious side effects from the vaccinia vaccination be considered for me and my household and personal contacts before I receive the vaccinia vaccine.
- I have been advised that I should also consult my personal health care provider regarding the potential impact on my health before I receive the vaccinia vaccine.
- I have had an opportunity to discuss my concerns and ask questions on the vaccinia vaccine and all of my concerns and questions were addressed.

Vaccination Declination

- I do not wish to receive the vaccinia vaccine at this time.
- I am aware that I have the right to make a request to receive the vaccinia vaccine at any time, and the Cornell Health Occupational Medicine Department will obtain the vaccinia vaccination on my behalf from the CDC and administer the vaccine to me free of charge.

Vaccine Acquisition Request

- I request that the Cornell Health Occupational Medicine Department submit the Smallpox Vaccine Request Form and Use Agreement to the Principal Investigator (PI) and obtain the vaccinia vaccination from the CDC on my behalf.

NOTE: Should you decide you want Cornell to take the necessary steps to obtain the vaccine to be administered to you, you will first be required to provide a detailed medical history, provided more in-depth information, and your specific consent will be obtained. The CDC will provide the vaccinia vaccine to Cornell University free of charge. The CDC requires that the PI of the research lab conducting vaccinia-related research complete the Smallpox Vaccine Request Form and Use Agreement in conjunction with the "Receiving Physician" at Cornell Health. The vaccine can only be offered if the Smallpox Vaccine Request Form and Use Agreement form is submitted to the CDC, approved, and provided directly to the "Receiving Physician" at Cornell Health.

Name _____ Signature _____ Date _____

Date of Birth _____ Net ID _____ Faculty Staff Student Other _____