

The University of Iowa
Vaccinia Vaccination
Information Form

I understand that due to my occupational exposure to vaccinia virus, I may be at risk of acquiring infection from vaccinia. I have been given the opportunity to be vaccinated with the smallpox vaccine, at no charge to myself.

After reading information from CDC

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5010a1.htm> and

<http://www.bt.cdc.gov/agent/smallpox/vaccination/live-virus.asp>), I understand there are risks involved in working with vaccinia virus, in addition to risks in taking the vaccination. I have had an opportunity to ask questions and have decided to:

- Decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring an infection from vaccinia. If I continue to have occupational exposure to this virus, and I decide to be vaccinated, I may request and receive the vaccination, at no charge to myself.

- Receive the vaccine, provided through the UEHC.

Signature: _____

Please print name: _____

University ID number: _____

Principal Investigator: _____

Date: _____

Return this form to Haley Sinn, Biological Safety, 100 EHS.

If you have vaccination questions, please contact UEHC at 6-3631.

If you have questions about vaccinia, please contact Biosafety Staff in EHS at 5-8501.