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**Vaccination Policy**

**for DCU Staff Members**

**(Including Postgraduate and Postdoctoral Laboratory-Based Staff)**

# **APPENDIX D - BCG VACCINATION SAMPLE CONSENT OR DECLINE FORM**

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff I.D. Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / Research Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT to BCG VACCINATION**

I have read the information about Tuberculosis and the BCG vaccine at [this link](https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter22.pdf).

I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of BCG vaccination. I understand the risks and benefits of the vaccine, and consent to vaccination with BCG vaccine. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLINE of BCG VACCINATION (SAMPLE)**

I have read the information about Tuberculosis and the BCG vaccine at [this link](https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter22.pdf).

I UNDERSTAND that due to my occupational exposure to specimens contaminated with *Mycobacterium tuberculosis*, I may be at risk of acquiring tuberculosis infection. I have been given the opportunity to be vaccinated with BCG vaccine, at no charge to myself. However, I decline BCG vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of contracting tuberculosis, a serious disease. If in the future I continue to have occupational exposure to the bacterium and I want to be vaccinated with BCG vaccine, I can consult with the DCU contracted provider and receive the vaccination at no charge to me.

YES / NO √ Check here if you are declining vaccination because you previously received the BCG vaccination series elsewhere.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_