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**Vaccination Policy**

**for DCU Staff Members**

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

# **APPENDIX E - POLIO IMMUNISATION SAMPLE CONSENT OR DECLINE FORM**

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

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

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

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

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

**CONSENT to Polio VACCINATION**

I have read the information about poliomyelitis and the inactivated Polio Vaccine at [this link](https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter17.pdf).

I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of poliomyelitis vaccination. I understand the risks and benefits of the vaccine, and consent to vaccination with inactivated polio 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 Polio VACCINATION (SAMPLE)**

I have read the information about poliomyelitis and the inactivated Polio Vaccine at [this link](https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter17.pdf).

I UNDERSTAND that due to my occupational exposure to the virus, I may be at risk of acquiring poliomyelitis infection. I have been given the opportunity to be vaccinated with inactivated polio vaccine, at no charge to myself. However, I decline poliomyelitis vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of contracting poliomyelitis, a serious disease. If in the future I continue to have occupational exposure to the virus and I want to be vaccinated with inactivated polio 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 polio vaccination series elsewhere.

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

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