

H1N1 Immunization

Student Acknowledgement or Waiver

Student Name: _____
(Please print)

Date: _____

School: _____
(Please print)

Student ID: _____

- Acknowledgement -

I have received the H1N1 vaccine series this season.

Yes

No

Student Signature

Guardian Signature
if student is a minor

IHCHS Facility

IHCHS Witness

- Waiver -

1. I understand that I am not immune to H1N1 and by declining immunization I continue to be at risk for acquiring H1N1, a disease that can be severe/life threatening.
2. I understand that if an outbreak of a vaccine-preventable disease occurs for which I have waived vaccination, I may be excluded from my educational rotation for the duration of the outbreak and/or threat of exposure for the benefit of myself, Intermountain's staff, and the patients and families I am in contact with. I will not be allowed to complete my rotation until Intermountain Employee Health and Infection Control are satisfied there is no longer a risk of contracting or transmitting the vaccine-preventable disease.
3. I assume the risks of not having this vaccine and hereby release Intermountain Healthcare (IHCHS) from any liability arising from my failure to receive the vaccine.

Student Signature

Guardian Signature
if student is a minor

IHCHS Facility

IHCHS Witness