

## Declaration of Refusal – Tetanus vaccination

1. I, the undersigned, hereby declare that I understand that due to my occupation, I may be at risk of being infected with the tetanus bacteria.
2. I have been given the opportunity to be vaccinated against tetanus
3. The last vaccination I received against tetanus was in the year \_\_\_\_\_
4. In spite of the fact that I have been given anti tetanus vaccination more than ten years ago, I refuse to receive this vaccine and I understand that I continue to be at risk of acquiring tetanus \*\*

Signed by:

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Faculty: \_\_\_\_\_

Name of chief researcher, lab manager: \_\_\_\_\_

\*\* Paragraph 4 refers only to persons who did not receive in the past vaccination against hepatitis

Updated August 2018