



## Immunization Waiver Form for Post-Secondary Students

All Saskatchewan Health Authority sites expect students in their health care facilities to be immunized according to the recommendations for health science students in the Saskatchewan Immunization Manual.

### Immunization will:

- Reduce the transmission of communicable disease in health care facilities.
- Reduce morbidity and mortality related to immunization preventable diseases.

Students have the right to refuse immunizations for medical, personal and religious reasons. However, **students that do not receive recommended immunization(s):**

- May be excluded from certain clinical placement sites thereby impacting their ability to complete their program of study.
- Will be asked to leave their clinical placement site in the event of an outbreak of a disease for which they are not immune.
- Will be required to notify their clinical instructor and remove themselves from their clinical placement at the onset of symptoms of a communicable disease.

### I have read the above and understand/acknowledge that:

- I have received information on the importance, risks and benefits, of all recommended immunizations.
- I will be excluded from clinical placements in certain locations (e.g. Saskatchewan Cancer Agency).
- I will be required to leave a clinical placement if I develop symptoms of a communicable disease or in the event of an outbreak at that location for which I am not immunized.
- I accept complete responsibility for my health and I hereby release and hold harmless any Saskatchewan Health Authority and its representatives from any liability that may result from opting out of the immunization(s) indicated below.
- Although I am declining immunization now, I can receive the immunization at a later date.
- I am declining the following immunization(s):

- Measles/Mumps/Rubella
- Varicella
- Hepatitis B

- Tdap
- Td
- Polio (IPV)

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

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

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

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

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

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