



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: _____