

# RADFORD UNIVERSITY

## ENVIRONMENTAL HEALTH & SAFETY

### Tetanus Vaccine

#### Declination Statement:

I understand that due to my exposure to potentially infectious materials that I may be at risk of acquiring a tetanus infection. I acknowledge that I have been informed of the risks associated with tetanus and the benefits of vaccination, and that it is recommended that I receive this vaccine; however,

#### Please Check One

I have already received the Tetanus Vaccine but do not have documentation from my healthcare provider or a record of immunization at this time.

I decline tetanus vaccination at this time. I understand that by declining, I continue to be at risk of acquiring infection to a potentially fatal disease. If, in the future, I continue to be exposed to potentially infectious materials, and I want to receive the tetanus vaccine, I can receive this service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee/ Student ID number