

STUDENT RELEASE UPON REFUSAL OF IMMUNIZATION

For the reason stated below, I, _____, have refused immunization against _____.

The reason for my refusal to consent to such immunization is:

I acknowledge that I have received the list of immunizations required for by West Virginia University School of Medicine, Division of Medical Laboratory Science and I understand that my refusal to obtain this immunization may result in the following consequences:

1. Risk of infection with _____.
2. Potential transmission to other patients or colleagues.
3. Ineligibility to participate in required fieldwork placements.
4. Delayed graduation or failure to graduate.

Despite the foregoing, I request that my refusal be honored, and I hereby release West Virginia University and its School of Medicine, Division of Medical Laboratory Science from any and all liability related to my refusal of the above-described immunization.

STUDENT'S NAME:

Signature

Print Name

DATE: _____

WITNESS: _____

DATE: _____

MEDICAL LABORATORY SCIENCE

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