



Immunization Waiver Form for Post-Secondary Students

All Saskatchewan health authorities and the Saskatchewan Cancer Agency (SCA) 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.
- May be asked to leave their clinical placement site in the event of an outbreak of a vaccine preventable disease for which they are not immune for the duration of the outbreak.

I have read the above and understand/acknowledge that:

- I have received information on the importance, risks and benefits, of all recommended immunizations.
- I may be excluded from clinical placements in certain locations.
- I will be required to leave a clinical placement if I develop symptoms of a vaccine preventable communicable disease or in the event of an outbreak at that location for which I am not immune.
- I accept complete responsibility for my health and I hereby release and hold harmless any Saskatchewan Health Authority or the SCA 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):**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Measles/Mumps/Rubella | <input type="checkbox"/> TdaP |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Td |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Polio (IPV) |

Student Name: _____ **Date:** _____

Student Signature: _____

Witness Name: _____ **Witness Signature:** _____