

In accordance with USC Occupational Medicine Program, I state that I work with a human pathogen or toxin. I understand that I am at risk of acquiring a disease or an infection that can develop into a serious disease. An approved vaccine has been offered to me, free-of-charge, for work with the following:

(Check the box next to the agent with which you work – only one agent per sheet)

- | | | |
|---|--|--|
| <input type="checkbox"/> <i>Clostridium botulinum</i> † | <input type="checkbox"/> Human papillomavirus (HPV) | <input type="checkbox"/> Poliovirus |
| <input type="checkbox"/> <i>Clostridium tetani</i> | <input type="checkbox"/> Influenza virus (human pathogenic strain) | <input type="checkbox"/> Rabies* |
| <input type="checkbox"/> Diphtheria toxin | <input type="checkbox"/> Measles virus | <input type="checkbox"/> Rubella virus |
| <input type="checkbox"/> Hepatitis A virus | <input type="checkbox"/> Mumps virus | <input type="checkbox"/> Vaccinia virus† |
| <input type="checkbox"/> Hepatitis B virus | <input type="checkbox"/> Pertussis toxin | <input type="checkbox"/> Yellow Fever virus* |

*Vaccinations need to have a prior appointment made: call 323-442-5

†Special arrangements must be made: call 323-442-2200

Please check the box next to the appropriate response for the above-referenced agent.

- I have already been vaccinated for this agent on this date _____.
- I wish to be vaccinated. Please contact me.
- I wish to have a blood sample drawn for an antibody titer if there is one available. Please contact me.
- I decline the vaccine for this agent. I understand that I may change my mind and have the immunization at any time.

Name of individual (printed)

Principal Investigator

Signature of individual

Project Title

Phone number

BUA Number

Email address

Only the individual offered immunization may sign this form. A signature by any other person on behalf of the individual named on this form is not permitted under any circumstance.

EMPLOYEE or SUPERVISOR:

- **Employee MUST bring this completed form to obtain service.**
- **Be sure to identify yourself as a USC employee for access to the EHS Occupational Medicine Program.**
- **Clinic Location: USC Plaza Pharmacy, 1501 San Pablo Street, Suite 144, Walk-in: M-F 10am-4pm. Appointments: 323-442-5992.**

BILL ONLY TO:

Lilian Rodriguez
USC EH&S Occupational Medicine Program
2001 N. Soto Street, SBA 329
Los Angeles CA 90032

Do Not Bill Individual