



Vaccine Declination for College Students

I, _____, have been fully informed about the implications regarding exposure to:

Check all that apply:

- Pertussis
- Rubella
- Rubeola
- Mumps
- Varicella
- Tetanus
- Influenza
- T-dap
- Hepatitis B
- Other: _____

I choose not to receive the above checked vaccine(s) as offered by Goshen Health under the hospital's written policy statement concerning this subject. In executing this refusal, I certify that my decision is voluntary or that I have a contraindication(s) to receiving the vaccine(s). My decision has been made after receiving full information from qualified hospital personnel.

In consideration of the offer of the hospital to provide me with said vaccination(s), I release and hold harmless the hospital, its officers, directors, and all other Colleagues from any responsibility or liability whatsoever.

If a contraindication exists, please explain:

By typing my name in the next box, I agree my electronic signature is the legal equivalent of my manual handwritten signature on this form.

Student's Signature	Date	Department
Witness to signature	Date	

