



Immunization Waiver- Undergraduate Medical Education

I, _____ acknowledge that:

I have chosen not to be immunized for the requested Immunizations as outlined in the AHS document “Immunization Recommended for Health Care Students and Students in Other High-Risk Occupational Programs” and the AFMC document “Student Portal Immunization and Testing Form”.

I know and understand the risk associated to patient safety and my own health as a consequence of not having all requested Immunizations.

I will be very diligent in using Personal Protective Equipment (gowns, gloves, masks/respirators, eye protection) to prevent exposures where possible.

If for any reason I am potentially exposed to infectious agents that I have not been vaccinated for, I will seek immediate medical attention and immediately report the incident to Undergraduate Medical Education (UME) and Workplace Health and Safety at the site.

I am aware that I will NOT be permitted to participate in any clinical activities or training that requires specific immunizations which I do not have.

Some clinical areas may NOT allow me to participate in clinical activities at their site/unit, at their sole discretion.

In the event of an outbreak situation, I understand that I will NOT be able to participate in clinical activities and will be removed from all clinical settings until the outbreak situation has been declared over and/or I have been adequately vaccinated.

Some other universities/provinces may NOT allow me to do electives at their sites due to not meeting the standards established in the AFMC document “Student Portal Immunizations and testing Form”, at their sole discretion.

I, the undersigned confirm that I have read and understood the above information. **I accept that without immunizations I may be restricted from attending and/or participating in certain clinical activities and my schooling may be extended as a result. I also understand that I may be more at risk for contracting or transmitting certain infectious disease due to not being immunized.**

I hereby waive any and all claims I have or may have, now or at any time in the future, and agree to hold harmless the University of Calgary, its Board of Governors, officers, employees, faculty and staff from any and all claims, disputes and actions arising from my decision to proceed without being immunized.

Name: _____

Signature: _____

UCID#: _____

Date: _____