

Vaccination Declaration Form

Part 1: Important Note		Please return the completed form to Wet Lab Core	
<p>Anyone who works with live animals needs to be immunized against Tetanus.</p> <p>Those who work with human samples from commercial and non-commercial sources, including human blood, tissues, immortalized human cell lines, samples from "healthy" volunteers, need to be vaccinated against Hepatitis B.</p> <p style="text-align: center;">Submit vaccination record to your Safety Lead for documentation</p>			
Part 2: To be completed by applicant			
Name:		Job Title/Designation:	
Tick <input checked="" type="checkbox"/> the appropriate box			
MBI staff <input type="checkbox"/>	MBI student <input type="checkbox"/>	Non-MBI staff <input type="checkbox"/>	Non-MBI student <input type="checkbox"/>
	Intern <input type="checkbox"/>		Visitor <input type="checkbox"/>
MBI Principal Investigator:			
NUS Staff/ Student/ Visitor ID:		E-mail Address:	

Please tick on the appropriate

- I have completed a course of Hepatitis B Vaccination.
 - Yes (year _____)
 - No
 - Don't Know
- If no or unsure, I agree to be vaccinated/ re-vaccinated for Hepatitis B as necessary.
 - Yes
 - No
- I have had Tetanus Vaccination.
 - Yes (year _____)
 - No
 - Don't Know
- If no or unsure, I agree to be vaccinated / re-vaccinated for Tetanus as necessary.
 - Yes
 - No
- Please list down any other Vaccinations recommended by Principal Investigator and date of vaccination.

Duration of contract/ candidature/ visiting period (Compulsory to state end date)	
Start date:	End date:
Part 3: Declaration	
<p>I understand that Mechanobiology Institute (MBI) views vaccinations, especially Hepatitis B, to be beneficial in the course of work at MBI premises and, having considered both the advantages and disadvantages, have made my decision as above. I also acknowledge that MBI, my PI or Supervisor may choose to forbid me from continuing in certain research activities if I decline vaccinations or found to be immune-incompetent.</p> <p>Please consult the doctor about possible side effect and adverse reactions prior to the vaccination.</p>	
_____	_____
Signature	Date