USC University of Southern California

BIOSAFETY | OCCUPATIONAL MEDICINE PROGRAM
IMMUNIZATION FORM

Reset Form

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)

- ☐ *Clostridium botulinum*†
- ☐ *Clostridium tetani*
- ☐ Diphtheria toxin
- ☐ Hepatitis A virus
- ☐ Hepatitis B virus
- ☐ Human papillomavirus (HPV)
- ☐ Influenza virus (human pathogenic strain)
- ☐ Measles virus
- ☐ Mumps virus
- ☐ Pertussis toxin
- ☐ Poliovirus
- ☐ Rabies***(Complete Packet)**
- ☐ Rubella virus
- ☐ Vaccinia virus†
- ☐ Yellow Fever virus*

†Special arrangements must be made: call 323-442-2200 *Vaccinations need to have a prior appointment made: call 323-442-5992

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	**USC ID Number**

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, Appointments: 323-442-5992*

BILL ONLY TO: **Darren Peters** **USC EH&S Occupational Medicine Program** **2001 N. Soto Street, SBA 329** **Los Angeles CA 90032**	**DO NOT BILL INDIVIDUAL or SEND VIA INSURANCE**