

Date: _____

To
Immunizations Committee
The Faculty of Medicine

Dear _____

I am aware of the fact that I am, in the wake of my work in an animal house, in a high risk group, being exposed to various diseases, such as diphtheria and tetanus.

I am aware of the fact that vaccinations are given for these diseases, one anti tetanus + diphtheria vaccination + a tetanus vaccination once every 10 years or in the case of an injury.

I hereby waive my right to receive a vaccination for the diseases listed above or part thereof, despite the fact that I was advised to be vaccinated, and I am aware of the fact that by doing so, I am taking direct responsibility for any result related to the waiver and I release the University from any responsibility in the matter.

Name of the employee: _____ Signature _____ I. D. No. _____

Mobile phone No: _____ Year _____

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I declare that I was independently vaccinated against Tetanus + Diphtheria on dates _____

Name of the employee: _____ I. D. No. _____ Mobile phone No _____ Year _____