



## **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FOR THOSE WORKING WITH VACCINIA VIRUS**

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You have been hired to work (or in the course of your employment you may be working) on a research project that involves working with vaccinia virus. Laboratory acquired vaccinia infection has been reported on a regular basis. In some of the reported cases the infected individuals have been hospitalized. It is important to recognize that the consequences of laboratory acquired vaccinia infection can be serious.

It is recommended that laboratory workers who work with vaccinia virus, by handling either cultures or contaminated or infected animals, be vaccinated with vaccinia vaccine. While there are risks of adverse reaction to the vaccine, the complications associated with those adverse reactions are generally less serious than the complications associated with laboratory acquired vaccinia infection.

Vaccinia vaccination is contraindicated for persons who have the following conditions or have a close contact with the following conditions:

- 1) a history of atopic dermatitis (commonly referred to as eczema), irrespective of disease severity or activity;
- 2) active acute, chronic, or exfoliative skin conditions that disrupt the epidermis;
- 3) pregnant women or women who desire to become pregnant in the 28 days after vaccination;
- 4) persons who are immunocompromised as a result of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome, autoimmune conditions, cancer, radiation treatment, immunosuppressive medications, or other immunodeficiencies; and
- 5) women who are breastfeeding.

Before receiving the vaccine, you should discuss with the doctor administering the vaccine the specific risks of adverse reactions and your medical history to determine whether the vaccine is contraindicated.

If you choose not to be vaccinated, or if for any reason you cannot be vaccinated, you may continue to work on the research project only if you are prepared to accept the risk of laboratory acquired vaccinia infection. Any questions that you have regarding those risks should be directed to the Principal Investigator.

**I have read and understood the above information regarding vaccinia virus and vaccination. I am unwilling or unable to be vaccinated. I wish to continue working on the research project, and acknowledge that I have discussed with the Principal Investigator and fully understand the risks associated with laboratory acquired vaccinia infection. I agree to assume those risks voluntarily, and will not hold the University of Western Ontario or its employees responsible should I become infected with vaccinia virus.**

Dated at London this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Worker – Print Name**

\_\_\_\_\_  
**Worker - Signature**

\_\_\_\_\_  
**Worker – U.W.O. ID number**

\_\_\_\_\_  
**Witness – Print Name**

\_\_\_\_\_  
**Witness - Signature**



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I have read and understood the above information regarding vaccinia virus and vaccination. I agree to be vaccinated and to assume the risks associated with vaccination, and acknowledge that I will be responsible for discussing with the doctor administering the vaccine the risks associated with being vaccinated, and whether the vaccine may be contraindicated for me.

Dated at London this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Worker – Print Name

\_\_\_\_\_  
Worker - Signature

\_\_\_\_\_  
Worker – U.W.O. ID number

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\_\_\_\_\_  
Witness - Signature