Informed Consent, Release and Refusal of Vaccination for MMR, Chicken Pox, Hepatitis B, Seasonal Flu and Tetanus

I understand that due to my occupational exposure to potentially infectious materials I may be at risk of contracting several communicable diseases including, Measles, Mumps, Rubella, Chicken Pox, Hepatitis B or Tetanus infection. I acknowledge the importance of these vaccinations both with respect to my contraction of these diseases and the chance of my transmission of these diseases to others. However, I have declined all vaccinations at this time. I understand that by declining these vaccines, I continue to be at risk of acquiring numerous communicable diseases, including, but not limited to, Measles, Mumps, Rubella, Chicken Pox, Hepatitis B and Tetanus. I also understand that I may choose to obtain Measles, Mumps, Rubella, Chicken Pox, Hepatitis B and Tetanus vaccines in the future.

I understand and accept that any facility that has a training agreement with the University of Maryland, College Park Department of Nutrition and Food Science’s Dietetic Internship may choose not to provide me supervised practice training as it is their choice. I also understand that in the event of a contagious outbreak (e.g. seasonal flu) any facility, including the UMCP campus, may prohibit my presence. Lastly, I understand that exclusion from dietetic rotations may prevent the completion of the dietetic internship in the scheduled forty-four (44) weeks, delay my graduation and taking of the Registered Dietician exam.

In consideration of being permitted to participate in the University’s Dietetic Internship Program, I voluntarily agree to indemnify, release and hold harmless the State of Maryland, the University and its officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, causes of action on account of any loss or personal injury to me that might result from participation, whether arising through my own negligence, omission, default or that of the University.

I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Consent and Release.

_________________________    ________________
Intern Name (Print)     Date

_______________________________   _______________________________
Intern Signature       Witness