



POLIO IMMUNIZATION WAIVER

I RECEIVED the polio vaccine and cannot find records.

I NEVER received the polio vaccine.

I WAIVE the polio vaccine. I understand that by declining the vaccine, I continue to be at risk of acquiring polio, a serious disease that can result in death. If, in the future, I continue to have occupational exposure to potentially infectious materials while a student at Kentucky State University.

Print name

Signature

ID number

Date