



Lake Area Technical College
Immunization Declination Form

Name _____ Program _____

As a student enrolled in the above stated program, I have been informed of the risks of not being vaccinated. I understand there could be complications if I am exposed, and that a vaccine is available that would give me some protection. I have also been informed that receiving the vaccine is strictly a voluntary choice and is not a Lake Area Technical College requirement, but is strongly recommended. I have been informed and I am aware that completing clinicals/field work/externships may be a large portion of my program's curriculum. Students not being allowed on clinical rotations/fieldwork/externships sites, because they are unable to provide proof of any of the vaccinations listed below, may not be able to meet program graduation requirements.

Clinical/fieldwork/externship sites have the authority to decline a student if they are not compliant with their policies regarding vaccinations. This applies to the annual flu shot as well.

Medical and religious exemptions would be per the policies of the specific clinical/fieldwork/externship site.

At this time, I have voluntarily made the decision not to be immunized against:

_____ Tdap	_____ Tdap booster
_____ Varicella	_____ Covid-19 vaccine
_____ Influenza	_____ Hepatitis B

_____ MMR (The SD State Health Department mandates 2 doses or immune titers , if requesting an exemption, the Exemption Request for Immunization form must be completed also)

In making this decision, I accept full responsibility for my decision and understand that OSHA regulations require only health care facilities to make the vaccine available for their own employees. Since I am not an employee of Lake Area Technical College, in no way may I bring charges against Lake Area Technical College if I am exposed to these diseases during my education. I am also aware that clinical/fieldwork/externship sites may not accept me for training if I choose not to receive the vaccines/boosters. Clinical/fieldwork/externship experience is essential to meeting the student learning outcomes and for graduation.

Signature _____ Date _____

Print name _____

PLEASE BE INFORMED THAT THIS RELEASE FORM WILL BE PLACED IN YOUR STUDENT FILE. A COPY OF THIS FORM WILL BE GIVEN TO YOU UPON REQUEST