

University Of California, Santa Barbara  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE  
***VERIFICATION of TETANUS IMMUNIZATION or DECLINATION of TETANUS IMMUNIZATION  
and WAIVER OF LIABILITY***

**WARNING and ADVISORY**

Tetanus is a medical condition characterized by a prolonged contraction of skeletal muscle fibers. The primary symptoms include painful muscular contractions, primarily of the masseter and neck muscles and secondarily of trunk muscles, which are caused by a neurotoxin produced by bacteria. Infection generally occurs through wound contamination. As the infection progresses, muscle spasms develop in the jaw (thus the name "lockjaw") and elsewhere in the body. Tetanus can be prevented by immunization with tetanus toxoid. The CDC recommends that adults receive a booster vaccine every ten years.

**Researchers who work with vertebrates are at risk of contracting tetanus. The UCSB Occupational Health & Safety Physician recommends that all employees who have an occupational exposure to vertebrates obtain a tetanus immunization.**

**INSTRUCTIONS**

In order to work with vertebrates on the UCSB campus, at any of its satellite facilities, including the Natural Reserve System, or in the field, personnel **MUST** complete ONE of the following steps:

Obtain a tetanus immunization from your physician or the UCSB Occupational Health & Safety Physician and complete the VERIFICATION of TETANUS IMMUNIZATION section below and submit form to the IACUC Office,

OR

Document your decision to not obtain a tetanus immunization by completing the DECLINATION of TETANUS IMMUNIZATION and WAIVER OF LIABILITY section below and submit the form to the IACUC Office.

**DECLINATION of TETANUS IMMUNIZATION and WAIVER OF LIABILITY**

I, \_\_\_\_\_, am a UCSB faculty/staff/student, or an individual otherwise authorized to work in University facilities, who works with vertebrates and I am voluntarily declining to obtain a tetanus immunization. I have full knowledge of the risks I am taking by not obtaining a tetanus immunization, even though my work with vertebrates may create exposure to me for the tetanus bacterium.

**Waiver:** I understand and agree that as a condition of being permitted to work with vertebrates as a UCSB affiliate, I do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) arising from, or in any way connected with my refusal to obtain a tetanus immunization.

**Assumption of Risks:** Working with vertebrate animals carries with it the risk of contracting tetanus. The UCSB Occupational Health and Safety Physician recommends that all personnel who have an occupational exposure to vertebrates obtain a tetanus immunization. The failure of personnel who work with vertebrates to obtain a tetanus immunization carries with it the risk of painful muscular contractions, primarily of the masseter and neck muscles and secondarily of trunk muscles. Tetanus can be prevented by immunization with a tetanus toxoid. I have read the previous paragraphs and I know, understand, and appreciate the risks that are inherent in my decision not to obtain a tetanus immunization. I hereby assert that my decision to not obtain a tetanus immunization is voluntary and that I knowingly assume all such risks

**Indemnification and Hold Harmless:** I, for myself, my heirs, personal representative or assigns, also agree to INDEMNIFY AND HOLD The Regents of the University of California, their officers, directors, agents, employees, assigns, successors or lessors, HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of or in any way connected to any damage or injury, including death, that I may suffer as a result of my decision to not obtain a tetanus immunization and to reimburse them for any such expenses incurred.

I understand and agree that I have carefully read this agreement and fully understand all of its terms and conditions. I understand that this is a complete and unconditional release of all liability to the greatest extent allowed by law and that it could legally prevent me from filing suit or making any other legal claim for damages in the event of my death or injury. With this knowledge, I am entering into this agreement freely and voluntarily. I agree that this is binding upon me, my spouse, my heirs, my children, including any guardian ad litem for the children, my assigns, and legal representatives.

Researcher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_

Principal Investigator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_

**VERIFICATION of TETANUS IMMUNIZATION**

I, \_\_\_\_\_, am a UCSB faculty/staff/student, or an individual otherwise authorized to work in University facilities, who works with vertebrates and I declare under penalty of perjury that I have received a tetanus immunization.

Name of Doctor Who Administered Vaccine: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_

Researcher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_

Principal Investigator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator Signature: \_\_\_\_\_