



INSTITUTO FAUNA BRASIL

Santa Catarina, _____ of _____, 2025.

To Instituto Fauna Brasil.

I, _____, holder of the identification document No. _____ (passport or national ID), declare that I am aware of the risks involved in participating in fieldwork without complying with the required vaccinations.

Therefore, Instituto Fauna Brasil, registered under CNPJ No. 53.421.917/0001-26, shall not be held responsible in the event of contamination or accidents related to exposure to viruses and bacteria that cause the following diseases.

- Rabies
- Diphtheria and Tetanus
- Hepatitis A
- Hepatitis B
- Yellow Fever
- COVID-19
- Others – BCG, Human Rotavirus, Poliomyelitis, Tetravalent vaccine (DTaP-Hib / DTaP/IPV/Hib – Diphtheria, Tetanus, Pertussis [*Whooping Cough*], *Haemophilus influenzae* type b), MMR (Measles, Mumps, Rubella), Influenza.

Volunteer's Signature