

APPENDIX B – DECLINATION STATEMENT FOR HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (Please Print) _____

I.D. # _____

Department _____

Supervisor (Please Print) _____

Date _____

Signature of Employee _____

APPENDIX B – DECLINATION STATEMENT FOR EMPLOYEES WHO ARE ALREADY VACCINATED

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I am declining the shots because I have already been vaccinated for hepatitis B.

Name (Please Print) _____

I.D. # _____

Department _____

Supervisor (Please Print) _____

Date _____

Signature of Employee _____

APPENDIX B – REQUEST FOR HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring hepatitis virus infection.

I am requesting that the University provide me with the vaccination at no charge to myself. I also understand that I am responsible for making sure that I receive all vaccinations.

Name (Please Print) _____

I.D. # _____

Department _____

Supervisor (Please Print) _____

Date _____

Signature of Employee _____