



APPENDIX B

Hepatitis B Vaccine Accept/Decline Form

Today's Date: _____

Printed Name: _____ Signature: _____

Last Four Digits of Social Security No.: _____ Month/Day of Birth _____

Department: _____ Supervisor/Lab Supervisor (print name): _____

Department Phone No. _____ Email address: _____

I am (check one): _____ Faculty _____ Staff _____ Student Employee _____ Student

_____ **I decline**, at this time, to receive the Hepatitis B Vaccine Series

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.

If you marked "I decline" you may stop HERE

_____ **I previously completed** the Hepatitis B Vaccine Series

A copy of past vaccination records must be submitted to EHS – Rm 047, Biological Sciences II.

_____ **I consent to receive** the Hepatitis B Vaccine Series

- _____ I DO NOT have a history of allergic reactions to baker's yeast, used for making bread.
- _____ I HAVE NOT had a reaction to previous hepatitis B vaccine.
- _____ I AM NOT moderately or severely ill at this time.
- _____ I have a history of hepatitis B:

THIS FORM MUST ACCOMPANY EACH PERSON TO EACH INJECTION, AND THEN MUST BE RETURNED AFTER EACH INJECTION TO 047 Biological Sciences II, or faxed to 937-775-3761. (Health Care Provider will fax this form).

STOP! For Office Use Only.

Signature: EH&S Approval: _____

Date: _____

Signature: Health Care Provider; injection given: _____

Date: _____