

Appendix C HEPATITIS B VACCINE

As an employee at risk of a bloodborne exposure, you are entitled to the Hepatitis B vaccine at no cost to you. Please choose below whether you will accept or decline the vaccine.

ACCEPTANCE

The vaccine series will be given during initial hire, 30 days from initial hire and 6 months from initial hire. Interested parties shall contact the Student Health Center for an appointment.

DECLINATION

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 material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: _____

Employee Signature: _____ Date: _____

Job Title: _____

Witness Name: _____

Witness Signature: _____ Date: _____