

Hepatitis B Vaccination Form

Note: This form only needs to be completed one time at the University (unless your decision changes).

Name:	Supervisor:
Department:	Position:
Date:	Phone #: e-mail:

If you have already been vaccinated (appropriate # of shots), please check box. ☐

If box is checked, do not complete the rest of this form. STOP HERE.

If you have not been previously vaccinated:

Complete **Part I** if you would like to receive the Hepatitis B Vaccination series.

Complete **Part II** (page 2) if you do **not** want to be vaccinated.

Do not complete both parts.

Part I: Complete this section if you want to receive the Hepatitis B vaccination series.

Consent to Vaccinate: I have requested the University to provide me with the Hepatitis B vaccine. (The vaccinations and the titer are provided during working hours and are free of charge to exposed employees and paid student workers.) I understand that, as in the use of any vaccine, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine. I also understand the benefits of the vaccine and have completed Bloodborne Pathogens training. I am aware that I must receive the complete series of injections (normally three) spaced appropriately to confer immunity and that it is my responsibility to schedule required appointments and report to the Hospital of the University of Pa. or other offered medical facility.

Signature of Employee (or paid student worker)

Date

Hepatitis B Vaccine Declination Section

Part II: Complete this section if you do not want the Hepatitis B vaccination series.

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

Employee Signature

Date

Witness

Date