

Hepatitis B Vaccine
Acceptance

I have read the above facts about recombinant Hepatitis B vaccine and I have had the opportunity to ask questions. I request that the vaccine be given to me free of charge.

Name: _____ Date: _____ SS #: _____

Department: _____ Position: _____

Signature: _____

Hepatitis B Vaccine
Refusal

I understand that due to my occupational exposure to potentially infectious materials, I may be at risk of acquiring Hepatitis B. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to me. However, I decline the 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 wish to be vaccinated, I can receive the vaccination series at no charge to me.

Name: _____ Date: _____ SS #: _____

Department: _____ Position: _____

Signature: _____

Hepatitis B Vaccine
Previously Vaccinated or Immune

I have already received the Hepatitis B vaccine or antibody testing has revealed that I am immune. I recognize that I must provide documentation of the vaccination or immunity. I understand that upon request the university will provide the vaccination at no charge to me.

Name: _____ Date: _____ SS #: _____

Department: _____ Position: _____

Signature: _____