



Hepatitis B Vaccination Form

You have the right to request or decline the hepatitis B (HBV) vaccination series. You should have already received training on the risks and prevention of occupational exposure to bloodborne pathogens, including HBV, and had an opportunity to ask questions. If you have not completed the training, please do so before filling out this form. If you have received the training:

1. **Select Option A, B or C below.**
2. **Print your name, employee UIN number (serves as your signature) and date.**
3. **Send the completed form to ehs@tamucc.edu.**

Option A – Decline to be Immunized

HEPATITIS B VACCINE – DECLINATION STATEMENT

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 vaccine 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.

All of my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

Employee's Name (printed)

Employee UIN no.

Date (mm/dd/yyyy)

Option B – Already Immunized

STATEMENT OF CURRENT IMMUNIZATION

I have already been immunized against hepatitis B virus (HBV) infection.

Employee's Name (printed)

Employee UIN no.

Date (mm/dd/yyyy)

Option C – Accept the Vaccination

REQUEST TO RECEIVE HEPATITIS B VACCINE

I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided information on the hepatitis B vaccine, including information on its effectiveness, safety, method of administration and the benefits of being vaccinated. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. **I request to receive the vaccination series.**

Employee's Name (printed)

Employee UIN no.

Date (mm/dd/yyyy)