

Hepatitis B Vaccination Acceptance or Declination Form

Instructions: Complete the Employee/Student information below. Determine whether or not you wish to receive the vaccine at no charge by checking either the "Acceptance" or "Declination" section and forwarding this signed form to the EHS Office by fax or email at (336)334-4206 or safety@uncg.edu.

Name _____ User ID # _____

Department _____ Date _____

Are you an: Employee: ____ Student: ____

Please Check One of the Following:

Accept the Hepatitis B Vaccination

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 the hepatitis B vaccine at no charge to myself.

I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine).

Decline the Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM) 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check one of the following if you are declining:

I am declining because I have previously completed the hepatitis B vaccination series.

I am declining because I choose not to have the hepatitis B vaccination series. I am also aware that I may change my mind at a later date.

Employee/Student Signature/Date _____ / _____

cc: Department of Environment, Health, and Safety

Departmental Personnel File