



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, and fill in your name, employee ID/UIN number, and date.
2. Print and sign the completed form and send it to the Office of Environmental Health & Safety or email: safety@tamiu.edu

Option A – 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's signature

Employee ID no.

Date (mm/dd/yyyy)

Supervisor/Witness' Name (printed)

Supervisor/Witness' signature

Supv/Witness ID no.

Date (mm/dd/yyyy)

Option B – Already Immunized

STATEMENT OF CURRENT IMMUNIZATION

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

Employee's Name (printed)

Employee's signature

Employee ID no.

Date (mm/dd/yyyy)

Option C – 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's signature

Employee ID no.

Date (mm/dd/yyyy)

(Retain a copy of this document in Employee's medical record for 30 years after termination of employment.)

REQUEST TO RECEIVE HEPATITIS B VACCINE

I _____ have completed bloodborne pathogen training and have understood the information presented to me about hepatitis B virus and hepatitis B vaccine and have had the opportunity to ask questions. My questions have been answered.

I want to participate in the vaccination program. I understand this includes three (3) injections at recommended intervals over a six (6) month period. I understand that there is no guarantee that I will become immune to hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

1st Dose	_____	_____	_____	_____
	Date Given	Administered By	Affiliation	Lot # / Sticker
2nd Dose	_____	_____	_____	_____
	Date Given	Administered By	Affiliation	Lot # / Sticker
3rd Dose	_____	_____	_____	_____
	Date Given	Administered By	Affiliation	Lot # / Sticker

NOTE: If you opt to receive the hepatitis B vaccine, you must report to the designated medical provider within 10 working days of signing this form.