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. Check either the “Acceptance” or “Declination” section and submit form to ehsdept@odu.edu.

Students – Do not send form to EHS, submit form to your instructor/department.

Name____________________________________ UIN__________________

Department_________________________________ Date_____________________

Are you an: Employee:____ Student:____

Please Check One of the Following:

___ I 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). **EH&S will provide you with an “Authorization Letter” to obtain vaccine for no charge.**

___ I 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