EXPOSURE TO BLOODBORNE PATHOGENS - HEPATITIS B VACCINE FORM

NAME: ____________________________________________________________

TITLE: ____________________________________________________________

DEPARTMENT: ______________________________________________________

PRINCIPAL INVESTIGATOR/SUPERVISOR: _______________________________

TELEPHONE: _____________________ E-MAIL: __________________________

PEOPLESOFT ID#:___________________________

Please check the appropriate box, fill all information requested.

☐ I would like to receive the Hepatitis B vaccine at the University of Houston Student Health Center

☐ I received the Hepatitis B vaccine at the University of Houston Student Health Center
   Date of vaccination: ________________________________

☐ I received the Hepatitis B vaccine at a previous place of employment

If appropriate sign the declination statement

☐ I am declining the Hepatitis B vaccine offered by the University of Houston (please read and sign the declination statement)

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 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 other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature __________________________________ Date ___________________

Revised 01/2014