**EXPOSURE TO BLOODBORNE PATHOGENS - HEPATITIS B VACCINE FORM**

NAME:

\*(Please provide the exact spelling of name as listed on the Cougar One Card)

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 would like to receive the Hepatitis B Antibody Surface Test/titer

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

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**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 02/2016