HEPATITIS B VACCINE DECLARATION STATEMENT

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (PRINT NAME)

* …would like to receive a Hepatitis B vaccination series free of charge. I understand that I am responsible for working through my supervisor to arrange the time needed away from work to attend my appointments. **I agree to complete the Hepatitis B vaccination series, three separate vaccine appointments over six months, in its entirety.** OSF Occupational Health, located at 1505 Eastland Drive in Bloomington, is the University’s service provider for Hepatitis B vaccinations.
* …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). I have been given the opportunity to be vaccinated for Hepatitis B at no charge to myself. **Currently, I am declining the Hepatitis B vaccination.** 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 for Hepatitis B, I can receive the vaccination series at no charge.

**Please Note**: The CDC states if you have been infected with Hepatitis B in the past, you can’t get infected again and may not need to be vaccinated. If you have had the complete 3-part vaccination series you also may not need to be re vaccinated. Consult your physician for recommendations. OSF Occupational Health will discuss your vaccination eligibility with you at the time of your initial appointment.

Employee Signature Date