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