

 HEPATITIS B VACCINATION REQUEST/DECLINATION FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_an employee or volunteer at Adelphi University, understand and hereby acknowledge that I have received Bloodborne Pathogen training and am being offered participation in the Hepatitis B series immunization program which is wholly voluntary. I have been offered the Hepatitis B Series at no cost to myself.

**Check the applicable statement below:**

**☐ I decline** participation in the Hepatitis B series of vaccinations:

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself. However, I decline the 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 be at risk of exposure to bloodborne pathogens or OPIM and decide that I would like to be vaccinated, I can submit my request and receive the vaccination series at no cost to me.

**☐ I have already received the Hepatitis B vaccination series, consisting of three shots**

☐ **I accept this opportunity** to receive the HBV vaccine series. I understand that due to my potential occupational risk of exposure to blood or OPIM, I may be at risk of acquiring the hepatitis B infection.

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must complete this section regardless of whether you decline or accept the vaccination.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_