

## Appendix A: Hepatitis B Vaccination Declination or Request

**Instructions:** Employee completes Part I and submits to Unit Head.

### Part I

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

University Identification Number (UIN): \_\_\_\_\_

Employee Occupation/Title: \_\_\_\_\_

Employer Representative (Unit Head): \_\_\_\_\_

**Decline:**

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 me.

**OR**

I have already received the hepatitis B vaccination series.

**Receive:**

I choose to receive the complete hepatitis B vaccination series (total of 3 inoculations and post-vaccination antibody blood test) at no charge to me. For more information on how to receive the immunization on campus please see DRS Bloodborne Pathogens Program page:

<http://www.drs.illinois.edu/Programs/BBPProgramInformation>



Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II

**Instructions:** Unit Head completes Part II and files this form in personnel records or laboratory safety plan.

**Unit Head:** I have been notified of the above employee's choice regarding the HBV immunization.



The employee has declined. I will keep this form on file as a record that the employee was offered the immunization.



The employee has [requested vaccination](#). I have coordinated through my departmental business office with McKinley Health Center to administer the complete hepatitis B vaccination series and post-vaccination antibody blood test to this employee at no charge to them as outlined in the campus ECP. I will keep this form on file.

Unit Head

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

