

Hepatitis B Vaccination Acceptance or Declination Form

Instructions:

Complete the employee information below. Determine whether or not you wish to receive the vaccine. Mark the box for either the “**Acceptance**” or “**Declination**” section. Remember, you **must select either *Accept* or *Decline***. If electing to ***accept*** the Hepatitis B Vaccination, **you must contact** Simona Diggs, Occupational Health Coordinator at 7-1734 to schedule the vaccination series. If, after receiving information about Bloodborne Pathogens and the Hepatitis B vaccine, you still have questions, contact Environmental Health & Safety, at (202) 687-4712. One copy of the completed form must be submitted to:

Georgetown University Occupational Health
Attn: Simona Diggs, Occupational Health Coordinator
GM-12J Preclinical Science Building

(Note: PI/Supervisor, one copy of this form must be maintained in the lab and be readily available for inspection purposes. A copy must also be retained by the individual).

Employee Information

Name		Department/PI	
Job Title		Supervisor Name	
Building/ Lab No.		Phone Number	

I have received information and training pertaining to Hepatitis B and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction.

Please Check One of the Following:

I Accept the Hepatitis B Vaccination

I understand the benefits and risk of the vaccine and I consent to receive this vaccine. I further understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine).

I Decline the Hepatitis B Vaccination

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 Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time.

Please **check one** of the following if you are declining:

I am declining because I have previously completed the hepatitis B vaccination series.

I am declining because I choose not to have the hepatitis B vaccination series. 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Employee Signature

Date