

University of Illinois at Urbana-Champaign

Hepatitis B Vaccination Declination or Request

Instructions: Employee completes Part I and submits to Unit Head*. Unit Head completes Part II and files this form in personnel records or laboratory safety plan. If the employee chooses to receive the immunization the Unit Head will arrange for employee to receive HBV immunization series at McKinley Health Center.

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 the DRS Bloodborne Pathogens Program page:
<http://www.drs.illinois.edu/Programs/BBPPProgramInformation>

Employee Signature: _____ Date: _____

Part II

Unit Head*: I have been notified of the above employee's choice regarding the HBV immunization. If the employee chose to receive the immunization, 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. If the post-vaccination blood test is negative, the series and blood test will be repeated. These arrangements have been made prior to initiation of duties involving potential occupational exposure to blood or OPIM and/or within 10 days of the employee requesting the HBV immunization series as documented by the employee's signature and date on this form. I will keep this form on file as a record that the employee was offered the immunization.

Unit Head
Signature: _____ Date: _____