

University of Rochester
University Health Service

Hepatitis B Vaccine Declination Form

I have already received the Hepatitis B vaccination series, and/or I have had a positive Hepatitis B antibody titer.	YES ____ NO ____ <i>(if "NO", answer questions 1-5 below)</i>
1) I understand that due to my occupational exposure to blood or other potentially infectious materials I am at risk of acquiring Hepatitis B virus (HBV) infection.	YES ____ NO ____
2) I have been given the opportunity to ask questions and offered the Hepatitis B vaccine at no charge to myself.	YES ____ NO ____
3) I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease which I could potentially transmit to others. In the future, if 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 cost to me. I understand the cost of the hepatitis B vaccine will be paid for by my department. This can be done by calling UHS Occupational Health at the Medical Center office 275-4955 during usual office hours, or for urgent issues 275-2662 after hours.	YES ____ NO ____
4) I decline the opportunity to consult a University Health Service healthcare provider about Hepatitis B related questions at this time. (Although I may do so in the future, if I desire)	YES ____ NO ____
5) I decline the Hepatitis B vaccination at this time.	YES ____ NO ____

Employee's Name (Print)

Employee's Signature

Employee's Date of Birth

Employee's UR ID Number

Employee's Address

Employee's Telephone Number

Lab Name / PI / Supervisor

Date

****Please return form to Research Lab Supervisor/PI****

Please call University Health Service with any questions or concerns, During normal business hours at the Medical Center 275-4955, After hours or other questions 275-2662.