CONSENT: 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 elect to receive the Hepatitis B vaccine at this time at no cost to myself.

Call MSU Occupational Health at 517-353-9137 to schedule an appointment.

DECLINATION (General): 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. 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.

DECLINATION (Specific): I am declining the opportunity to receive the Hepatitis B vaccination series for the following reason:

☐ I have previously received the complete Hepatitis B vaccination series.

If antibody titer was completed, please indicate result:

☐ Positive (adequate immunity)  ☐ Negative

If you have documentation of your Hepatitis B vaccinations and/or titer results, please submit those documents with this completed form.

__________________________________________________________________________________________

Signature: _____________________________  Date: ___________________________