

Michigan State University

Hepatitis B

Surveillance Program

Name: _____

APID/ZPID: _____

Department: _____

Date of Birth: _____

Work Phone: _____

Supervisor: _____

YOU MUST CHOOSE OPTION A OR B AND SIGN IN THE RELEVANT SECTION.

Option A: Not previously vaccinated and want to be vaccinated: Please sign vaccine request and call MSU Occupational Health at 353.9137 to schedule an appointment.

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.

Signature: _____ Date: _____

Option B: Not previously vaccinated and choose NOT to receive Hepatitis B vaccine at this time OR previously vaccinated but have no documentation of vaccinations: Please complete vaccine waiver.

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.

Signature: _____ Date: _____

If previously vaccinated, list approximate dates below AND SIGN ABOVE:

1st Dose: _____ 2nd Dose _____ 3rd Dose: _____

If titer done, indicate result: Positive (adequate immunity) Negative

Clinic(s) where vaccinated: _____

Send completed form to: MSU Occupational Health, Olin Health Center, 463 East Circle Drive, Room 123 East Lansing, MI 48824-1037 Or Fax to 517.355.0332. For questions, call 517.353.9137.