Michigan State University	Name:	
ividing an state of inversity	PID:	
Hepatitis B	Department:	
	Date of Birth:	
Surveillance Program	Work Phone:	
	Supervisor:	
CONSENT: I understand that due to n scalpel) or bodily fluids contaminated with infection. I elect to receive the Hepatitis B  Call MSU Occupational Health at 517-353-9	human blood, I am vaccine at this time	at no cost to myself.
Hepatitis B virus (HBV) infection. I have be at no charge to myself. I decline Hepatitis I vaccine, I continue to be at risk of getting I potential occupational exposure to needle	odily fluids contaminen given the opport B vaccination at this Hepatitis B, a serious (e.	nated with human blood, I am at risk of getting unity to be vaccinated with Hepatitis B vaccine,
DECLINATION (Specific): I am declinithe following reason:	ing the opportunity	to receive the Hepatitis B vaccination series for
I have previously received the o	complete Hepatitis [	3 vaccination series in (year)
If antibody titer was comple	eted, please indicate adequate immunity	
If you have documentation of your Hepatit documents with this completed form.	is B vaccinations an	d/or titer results, please submit those
Signature:		Date:

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.