

**Michigan State University**

**Hepatitis B**

**Surveillance Program**

Name: \_\_\_\_\_  
APID/ZPID: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**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.

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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.**