Hepatitis B Vaccination Acceptance or Declination Form

Instructions:
Complete the Employee/Student information below. Determine whether or not you wish to receive
the vaccine at no charge. Check either the “Acceptance” or “Declination” section and forward to the
EHS Office by fax or email at (757) 683-6025 or ehsdept@odu.edu

Name ____________________________________  UIN ________________
Department ____________________________________  Date ________________

Are you an:  Employee:____  Student:____

Please Check One of the Following:

___ I Accept the Hepatitis B Vaccination

I have been informed of the biological hazards that exist in my workplace, and I understand the risks of
exposure to blood or other potentially infectious materials involved with my job. I understand that I
may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided
information on the hepatitis B vaccine, including information on its effectiveness, safety, method of
administration and the benefits of being vaccinated. I have been given the opportunity to be
vaccinated with the hepatitis B vaccine at no charge to myself.

I understand that I am responsible for scheduling and keeping my appointments to receive the
Hepatitis B vaccine in accordance with the recommended series (three vaccination series;
second vaccine one month after first vaccine; and third vaccine within five months of second
vaccine). EH&S will provide you with an “Authorization Letter” to obtain vaccine for no
charge.

___ I Decline the Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious
material (OPIM) 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. However, 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 OPIM and I want to be vaccinated with hepatitis B
vaccine, I can receive the vaccination series at no charge to me.

Please check one of the following if you are declining:

_____ I am declining because I have previously completed the hepatitis B vaccination series.

_____ I am declining because I choose not to have the hepatitis B vaccination series. I am also
aware that I may change my mind at a later date.

_________________________________  _________________________
Employee/Student Signature  Date