

# Hepatitis B Vaccine Acceptance/Declination Form

The University of California, San Diego Bloodborne Pathogens Program is designed to protect the health and well-being of employees who work with human blood/body fluids/tissues or cell culture, or other materials that have identified risks, such as Hepatitis B virus (HBV), Hepatitis C or HIV.

The program is a result of both the Federal and Cal-OSHA Bloodborne Pathogens Standards. It is also a result of UCSD recognizing a strong obligation to protect the health of its employees.

Due to your occupational exposure to blood or other potentially infectious material (OPIM) you may be at risk of acquiring hepatitis B virus (HBV) infection. You may obtain the Hepatitis B vaccination series and Post-Exposure Evaluation from the Center for Occupational & Environmental Medicine (COEM) in Hillcrest at no cost to you.

**Please choose one of the following options:**

- I certify that I have been offered and will participate in the Hepatitis B Vaccine Program which includes serological testing at 1-2 months post-vaccination. I understand that I must request an appointment for this serological testing.
- I certify that I have already received the full three shot Hepatitis B series.
- I understand that due to my occupational exposure to blood or 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.

Employee Name (print) \_\_\_\_\_

University of California Employee Number \_\_\_\_\_

Dept. \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Principal Investigator/Supervisor you work for \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date signed