

APPENDIX A: BBP ENROLLMENT AND HEPATITIS B VACCINATION DECLINATION FORM

Employee Name	
Employee Department	
Supervisor Name	
Supervisor Department	
Supervisor Phone	
Supervisor Email Address	

Employee Initial Appropriate Vaccination Information:

_____ Employee will receive the Hepatitis B vaccine at the UMA Express Care. (initial) No appointment necessary but it must be made clear to the receptionist that they are there under OU's Occupational Health Program.

The vaccination charges should be made to:

Account Number	
Supervisor Approval Signature	

_____ Employee will receive the Hepatitis B vaccine from a licensed health care professional, (initial) other than the UMA Express Care. The employee or health care professional must send copies of the vaccination documentation to: Biosafety Officer, 49 Factory Street Ohio University, Athens, OH 45701.

_____ Employee will not receive the Hepatitis B vaccine because they were previously (initial) vaccinated, antibody testing had revealed immunity or the vaccine is contra-indicated for health reasons. The employee or their health care professional must send documentation of this status to the Biosafety Officer, 49 Factory Street Ohio University, Athens, OH 45701.

_____ Employee chooses not to have the vaccine at this time. (initial)

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. 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 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.

Employee Signature *Date*
All employees please sign and date this form, and then send the form to the Occupational Health Clinic.