

**HEPATITIS B - IMMUNIZATION REVIEW AND DECLINATION FORM**

**Instructions:** This form fulfills OSHA's Bloodborne Pathogen Standards requirement for Hepatitis B vaccination. Complete each section and submit the completed form along with any accompanying vaccination records to Employee Health Services.

<b>PART I: VACCINATION APPLICABILITY</b>					
<input type="checkbox"/> Vaccination is applicable <input type="checkbox"/> Vaccination is not applicable					
<b>PART II: VACCINATION REVIEW OR DECLINATION</b>					
<input type="checkbox"/> <b>Vaccine Review</b> I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection and may require vaccination for Hepatitis B: <input type="checkbox"/> Vaccination received through Emory's Employee Health Services <input type="checkbox"/> Vaccination was received from outside source - <i>provide proof of vaccination, e.g., location, date</i>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><i>Employee Printed Name</i></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><i>Employee ID #</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Employee Signature</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Date</i></td> </tr> </table>		<i>Employee Printed Name</i>	<i>Employee ID #</i>	<i>Employee Signature</i>	<i>Date</i>
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<input type="checkbox"/> <b>Vaccine is Declined</b> 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.  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><i>Employee Printed Name</i></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><i>Employee ID #</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Employee Signature</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Date</i></td> </tr> </table>		<i>Employee Printed Name</i>	<i>Employee ID #</i>	<i>Employee Signature</i>	<i>Date</i>
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<b>PART III: FORM SUBMISSION</b>					
Completed <i>Hepatitis B – Immunization Review and Declination Forms</i> will be filed in medical records. <b><u>Submit your form to Employee Health Services by either:</u></b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Hand Delivery:</b> <ul style="list-style-type: none"> <li>• Emory University Hospital - 2<sup>nd</sup> floor, D219</li> <li>• Emory University Hospital Midtown - WW Orr 6<sup>th</sup> floor</li> </ul> </td> <td style="width: 10%; text-align: center; vertical-align: middle; font-size: 2em;"> <b>{ or }</b> </td> <td style="width: 40%; vertical-align: top;"> <b>Fax:</b> <ul style="list-style-type: none"> <li>• 404-686-1527</li> </ul> </td> </tr> </table>		<b>Hand Delivery:</b> <ul style="list-style-type: none"> <li>• Emory University Hospital - 2<sup>nd</sup> floor, D219</li> <li>• Emory University Hospital Midtown - WW Orr 6<sup>th</sup> floor</li> </ul>	<b>{ or }</b>	<b>Fax:</b> <ul style="list-style-type: none"> <li>• 404-686-1527</li> </ul>	
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