

Appendix (A) - HEPATITIS B VACCINATION PROGRAM

Employee Hepatitis B Status

This Exposure Determination sets forth requirements that will include; **at no cost to the employees** the opportunity for a medical evaluation, vaccinations, or treatment after an exposure to blood or any infectious agent occurs. To assure you have been made aware of these options, please complete the following information and return to your supervisor.

1. _____ I have completed the Hepatitis B vaccination series (2 or 3 shots) from UHS or another medical facility.
2. _____ I may have completed the Hepatitis vaccination series and would like to confirm my immunity by obtaining authorization for an antibody titer at UHS.
3. _____ I would like to obtain authorization to obtain the Hepatitis B vaccination series (2 shots) from UHS.
4. _____ I do not want the Hepatitis B vaccination at this time. I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, **I can receive the vaccine series at no charge to me.**

Employee Name: _____ CWID # _____

Employee Signature: _____ Work Phone: _____

Supervisor/PI: _____ Department: _____

Funding Source/Account: _____