Appendix J: Hepatitis B Vaccination Offer Form

The University of Tennessee Hepatitis B Surveillance Program

Name____________________________________
SS# _____________________________________
Date of Birth _____________________________
Department _______________________________
Location __________________________________
Work Phone # _____________________________
Email____________________________________

Choose Option A or B

OPTION A: If choosing to receive vaccine, sign the request and forward to Occupational Health Nurse (Amy Knowles, 336 Ellington Plant Sciences Bldg.).

VACCINE REQUEST
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 elect to receive the hepatitis B vaccine at this time and at no cost to myself.

Signature __________________________________  Date _________________

OPTION B: If choosing not to receive vaccine, sign waiver. Also complete the vaccine information if previously vaccinated.

VACCINE WAIVER
1) 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 my declining this vaccine, I continue to be at risk of acquiring hepatitis B infection, 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. I will contact the Occupational Health Nurse (aknowles@utk.edu or 865-974-5728) if I desire to receive the vaccination.

Signature __________________________________  Date _________________

2) I have already received the hepatitis B vaccine series:

Vaccination dates:  1st _________  2nd _________  3rd _________

Titer date ____________ Results ____________ Facility ____________

3) I am a GSM employee that has been offered the hepatitis B vaccine through UTMCK Employee Health:

Signature __________________________________  Date _________________

Please send completed form to Occupational Health Nurse, Amy Knowles at 336 Ellington Plant Sciences or fax to (865) 974-4828.