

College of Charleston

Hepatitis B Vaccination Review OR Declination Form

Instructions: Submit the completed form along with any accompanying documentation to EHS. Hand Deliver to RSS Bldg., Room # 115; fax to 843-953-3927 or email to beaverr@cofc.edu

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 College of Charleston provider at no cost to you. Hepatitis B vaccination is recommended unless:

- 1) Prior vaccination was received through College of Charleston Occupational Health Provider
2) Vaccination was received from outside source - provide proof of vaccination, e.g., location, dates

If you have received prior Hepatitis B immunization, list the following three dates (month/year):

NOTE: Students can request the Student Health Services to fax their immunization record required prior to acceptance to the College.

- 3) Medical evaluation identifies that vaccination is contraindicated.

I agree to participate in the Hepatitis B Vaccination Program which includes serological testing at 1-2 months post-vaccination. I understand that I must request an appointment for these medical services within ten (10) working days, by contacting the Office of Human Resources.

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.

I understand that I may change my decision at any time and discuss questions by contacting the College of Charleston EHS Director (beaverr@cofc.edu; phone: 843-953-6802.)

Signature or Employee

Date

Employee Full Name (Please Print):

CWID #:

Department:

Phone#:

Principal Investigator/Supervisor (Please Print):