

## Hepatitis B Vaccination Request/Declination Form

Vaccination is an effective preventive measure against hepatitis B infection (a serious disease that can lead to liver cancer). The University of California, Riverside encourages employee to be vaccinated. The HBV vaccination is available at no cost to the employee who have occupational exposure to human bloodborne pathogens. Vaccination costs are charged to the employee's department or principal investigator. The vaccination is available after employees have received information and training about the vaccination and within ten (10) working days of their initial assignment.

Employees may decline the vaccination offer by completing and signing the HBV Declination Statement, as required in 8CCR§5193. Vaccinations will be made available at any future date if employees initially decline to receive vaccination but subsequently change their minds.

Principal Investigators/Supervisors are required to maintain a record on file for all vaccinations and declinations.

Complete the following and maintain a copy for your records.

Employee Name: _____	Department: _____
Job Title: _____	Work Location: _____
Supervisor's Name: _____	Phone Number: _____

Please select and complete one of the applicable sections below:

Check this option to ACCEPT and request a free Hepatitis B vaccination

I have been offered and accept to receive the Hepatitis B vaccine free of charge.

Check this option to DECLINE and do not want or need to receive the Hepatitis B vaccination.

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 by contacting my supervisor.

I have completed the Hepatitis B vaccine on \_\_\_\_\_ (date)

I have not completed the Hepatitis B vaccine and decline at this time

**Employee Acknowledgement:**

By checking this box, I acknowledge that I have read and understood that occupational exposure to blood or other potentially infectious material (OPIM) may present the risk of acquiring Hepatitis B virus (HBV) infection. I understand that I may obtain the Hepatitis B vaccination series at no cost.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Supervisor Acknowledgement:**

By checking this box, I acknowledge that the above UCR employee may have occupational exposure to blood or other potentially infectious material (OPIM) that may present the risk of acquiring Hepatitis B virus (HBV) infection. I understand that this employee may obtain the Hepatitis B vaccination series at no cost to the employee.

\_\_\_\_\_  
Supervisor's or PI's Signature

\_\_\_\_\_  
Date