

University of the Sciences in Philadelphia  
Environmental Health and Radiation Safety (EHRS) Department

<b>Name:</b>	<b>Supervisor:</b>
<b>Department:</b>	<b>Position:</b>
<b>Date:</b>	<b>Phone #:</b>

**If you have already been vaccinated, or the vaccination series has already been started at the University, please check box.**

**If box is checked, do not complete the rest of this form. STOP HERE.**

**Complete either Part I or Part II if you have not been vaccinated. Do not complete both parts.**

**Part I: Complete this section if you want to receive the Hepatitis B vaccination series.**

**Consent to Vaccinate:** I have requested the University of the Sciences in Philadelphia to provide me with the Hepatitis B vaccine. I understand that, as in the use of any vaccine, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine. I also understand the benefits of the vaccine and have had the opportunity to ask questions. I am aware that the course of vaccination requires one (1) month and six (6) month interval injections to confer immunity and that I am responsible to report to Health Services as scheduled. \*

My potential on the job exposure to human blood or body fluids is most likely from:  
(check all that apply)

- Having the responsibility to clean up blood spills.
- Working in a lab with human cells, or tissue, or blood, or fluids, etc. that have **not** been tested and found negative for Hepatitis B, Hepatitis C, HIV, HTLV, syphilis, etc.
- Working in a lab with the same as above, but the materials were tested and found to be negative for Hepatitis B, Hepatitis C, HIV, HTLV, syphilis, etc.
- Providing first aid to students or individuals in the lab, or at the University.
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee (or student worker)

\_\_\_\_\_  
Date

**\* Individuals allergic to yeast or who are pregnant, should be counseled by their physician before receiving the vaccine.**

**Approved by the Safety Department:** \_\_\_\_\_

**Director of Environmental Health**

Students will be charged \$159.00 for this service, unless this form is initialed by the Safety Officer. \_\_\_\_\_

Initials (S.O.)

**To be completed by Health Services:**

<b><u>Vaccine:</u></b>				
Dose 1. Date:	_____	Site:	_____	Lot #: _____ Given By: _____
Dose 2. Date:	_____	Site:	_____	Lot #: _____ Given By: _____
Dose 3. Date:	_____	Site:	_____	Lot #: _____ Given By: _____

**Part II: Complete this section if you do not want the Hepatitis B vaccination series.**

**VACCINATION DECLINATION FORM**

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.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**