

**University of Kentucky Hospital  
Chandler Medical Center  
Lexington, Kentucky**

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

**Social Security Number** \_\_\_\_\_

**Department** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**HEPATITIS B VACCINE**

---

**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 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 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.**

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

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

\_\_\_\_\_  
**Department Designated OSHA Representative**

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

**I wish to receive Hepatitis B vaccine from Hospital Employee Health. I understand that this is a series of three injections over six months and agree to complete the series.**

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

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

**I am currently taking or have already received Hepatitis B Vaccine**

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

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

**Reset**