

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