



## Hepatitis B Vaccination Form

In compliance with *OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030*, Mason employees at risk of occupational exposure to blood or other potentially infectious materials are eligible to receive the Hepatitis B vaccination series, at no cost to them.

*NOTE: The Hepatitis B vaccine became part of most standard childhood vaccination schedules in 1991; employees born in, or after, that year may have already received the vaccine. Also, beginning in July 2005, the Commonwealth of Virginia has required students to be immunized against Hepatitis B (or show proof of positive immunity or declination) before matriculating. If in doubt, check your personal health record, or with Student Health Services, to determine if you have already received the Hepatitis B vaccination series.*

ALL eligible employees must provide a response, either an acceptance or declination of services.

**Select One:**

- I DECLINE the Hepatitis B Vaccination series.** *(Possible reasons for declination may include previous vaccination, personal health status, or personal choice.)*

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 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.

- I ACCEPT the Hepatitis B Vaccination series.** *(The vaccine is given in 3-doses; initial, +1 month, +6 months. A post-vaccine blood titer is recommended, but not required, to confirm immunity after completion of series.) Send my Hepatitis B Vaccine authorization letter via:*

- Email

Email Address: \_\_\_\_\_

- Inter-Office Mail

Mail Stop #: \_\_\_\_\_

Check the Student Health Clinic location where you would like to receive the series:

- SUB I, Rm 2300  
*Fairfax campus*

- Colgan Hall, Rm 229  
*Science & Technology (Prince William) campus*

- Founders Hall, Rm B102  
*Arlington campus*

**NOTICE: If you fail to begin the vaccine series within 45 days of receiving authorization, or fail to complete the vaccine series, you shall be deemed to have declined the vaccination. If you decide you still want to receive the vaccination after 45 days, please contact the EHS Office for re-authorization.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
G#

\_\_\_\_\_  
Department

\_\_\_\_\_  
Phone #