

Michigan State University

Hepatitis B

Surveillance Program

Name: _____

PID: _____

Department: _____

Date of Birth: _____

Work Phone: _____

Supervisor: _____

CONSENT: I understand that due to my potential occupational exposure to needles/medical sharps (e.g., scalpel) or bodily fluids contaminated with human blood, I am at risk of getting Hepatitis B virus (HBV) infection. I elect to receive the Hepatitis B vaccine at this time at no cost to myself.

Call MSU Occupational Health at 517-353-9137 to schedule an appointment.

DECLINATION (General): I understand that due to my potential occupational exposure to needles/medical sharps (e.g., scalpel) or bodily fluids contaminated with human blood, I am at risk of getting Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of getting Hepatitis B, a serious disease. If in the future I continue to have potential occupational exposure to needles/medical sharps (e.g., scalpel) or bodily fluids contaminated with human blood and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

DECLINATION (Specific): I am declining the opportunity to receive the Hepatitis B vaccination series for the following reason:

I have previously received the complete Hepatitis B vaccination series in (year) _____

If antibody titer was completed, please indicate result:

Positive (adequate immunity) Negative

If you have documentation of your Hepatitis B vaccinations and/or titer results, please submit those documents with this completed form.

Signature: _____ Date: _____

Send completed form to: MSU Occupational Health, Olin Health Center, 463 East Circle Drive, Room 123 East Lansing, MI 48824-1037 ,Fax to: 517-355-0332 or Email to: HT.occhealth@msu.edu. For questions, call 517-353-9137.