



Hepatitis B Vaccine – Acceptance

I understand that due to my occupational exposure to blood and 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 cost to myself. I have selected the following option:

I **Accept** the opportunity to obtain the Hepatitis B vaccination series.

Printed Name: _____

Signature: _____

School: _____

Date: _____

I have **previously received** the vaccination series:

Printed Name: _____

Signature: _____

Date: _____

***Please be advised**, the Hepatitis B Vaccine runs in a series of three (3), over the course of 16 weeks.

Vaccination **will not** be complete without the 3 shot series. Please mark your calendar to follow through on all vaccinations in your series.

Please forward this completed form to Environmental Health & Safety (EH&S) to schedule first appointment.



Hepatitis B Date of Injections

Printed Name: _____

School : _____

Date/1st Injection: _____

Date/2nd Injection: _____

Date/3rd Injection: _____

** Please forward the second side following all injections have been completed to Environmental Health & Safety (EH&S).

Questions: 321-633-3580, ext 13012

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