



Hepatitis B Vaccination Acceptance/Declination Statement

Please indicate whether you have previously received the Hepatitis B vaccination series:

I received the vaccination series on: _____
Exact or approximate dates

- If you were vaccinated 30+ years ago, you may no longer have immunity. Please select the first option below if you would like to set up an appointment to discuss whether re-vaccination is recommended by a healthcare professional.
- DePaul is required to obtain copies of your Hepatitis B vaccination records if they are available. Please attach copies of these records.

Please indicate whether you accept or decline participation in the Hepatitis B vaccination series:

I want to get vaccinated for Hepatitis B now or discuss my vaccination status with a healthcare professional.

I decline participation because I am already vaccinated.

I decline participation in the vaccination series **and:**

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 (HBV) 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.

Name

Signature (handwritten or electronic)

Department

Date

Please send this completed form and Hepatitis B records to:

Environmental Health & Safety
ehsoffice@depaul.edu