



Hepatitis B Vaccination Acceptance/Declination Statement

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

[] I received the vaccination series on: _____
Approximate dates

Was your vaccination through a previous employer?

DePaul is required to obtain copies of your Hepatitis B vaccination records if they are available. Please attach copies of these records if you have them.

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

- [] I accept participation in the vaccination series.
- [] 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

Department

Date

Please print and sign this form (a handwritten signature is required), scan, and send to:

Environmental Health & Safety
ehsoffice@depaul.edu

****If this statement is required as part of an IBC protocol, please copy the Office of Research Services (ORP@depaul.edu) on this email.****