



# Hepatitis B Vaccine Acceptance or Declination

*Environmental Health and Safety*

**Instructions: Read the following information and CHOOSE ONE of the three options.**

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 the Hepatitis B vaccine, at no charge to myself.

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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_ I do **not** want the Hepatitis B vaccination series at this time. I have read and understand the above statement.

\_\_\_\_\_ I have previously received the Hepatitis B vaccination series. Approx. dates \_\_\_\_\_.

*If you selected either option above, return this form to Environmental Health and Safety  
Fax: 773.702.6546; Email: [safety@uchicago.edu](mailto:safety@uchicago.edu)*

I understand that **receiving** the Hepatitis B vaccine imposes certain risks upon me as detailed in the Bloodborne Pathogens training seminar. I voluntarily consent to such risks and agree to hold the University of Chicago harmless from any and all claims and causes of action for any injury, loss or damage resulting from such vaccination.

\_\_\_\_\_ I **do** want the hepatitis B vaccination series. (This form must be taken to The University of Chicago Occupational Medicine Group (UCOM), University of Chicago Medical Center, Rubloff Corridor Room D-136.)

*If you selected this option and do wish to receive the vaccine, make an appointment with UCOM by calling 773.702.6757. Do not send this form to Environmental Health and Safety.*

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\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
CNetID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date