



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Biological Safety Office

1200 Carothers

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HEPATITIS B VACCINE RECORD

Please complete and return to your department. If you have questions or concerns, feel free to contact EH&S at 644-6895 or the Biological Safety Office at 644-5374 for assistance.

Department Information

Form with fields for Department, Principal Investigator/Supervisor, Building, Room, and Campus Phone.

Hepatitis B Vaccine Record (Check only one)

I have previously received the complete Hepatitis B Vaccine series on or about these dates:

Month Day Year

- I received the Hepatitis B vaccine series about 7 years ago, now I request a titer and a possible booster if recommended by healthcare worker.
I request the Hepatitis B vaccine; I have been given the information on it and have had an opportunity to ask questions. I understand the risks and benefits of the Hepatitis B vaccine and that it is offered to me at no cost. I understand that complete protection requires three injections to be scheduled at 0, 1 month and 6 months.
I have read and understand the following statements; and I wish to decline the Hepatitis B vaccine at this time.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Appendix A to 29 CFR.1910.1030

Acknowledgement

I understand that prior to receiving or declining the Hepatitis B vaccine series or request a titer and a possible booster, I have reviewed the department's exposure control plan, attended and received training for the following topics: universal precautions, HIV and HBV symptoms and epidemiology, modes of HIV and HBV transmission, HBV vaccine information, the use of personal protective equipment, engineering controls, housekeeping, record keeping and post-exposure evaluations, treatment and follow-up. The information here is accurate and complete.

Form with fields for Employee Name, Employee Signature, Date, Employee Social Security Number, Position Title, Principal Investigator/Supervisor Name, Principal Investigator/Supervisor Signature, and Date.