YOU MUST CHOOSE OPTION A OR B AND SIGN IN THE RELEVANT SECTION.

Option A: Not previously vaccinated and want to be vaccinated: Please sign vaccine request and call MSU Occupational Health at 353.9137 to schedule an appointment.

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 elect to receive the Hepatitis B vaccine at this time at no cost to myself.

Signature: ___________________________ Date: _______________________

Option B: Not previously vaccinated and choose NOT to receive Hepatitis B vaccine at this time OR previously vaccinated but have no documentation of vaccinations: Please complete vaccine waiver.

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. 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.

Signature: ___________________________ Date: _______________________

If previously vaccinated, list approximate dates below:

1st Dose: ___________________________ 2nd Dose: ___________________________ 3rd Dose: ___________________________

If titer done, indicate result: Positive (adequate immunity)☐ Negative ☐

Clinic(s) where vaccinated: ___________________________

Send completed form to: MSU Occupational Health, Olin Health Center, 463 East Circle Drive, Room 346 East Lansing, MI 48824-1037 Or Fax to 517.355.0332. For questions, call 517.353.9137.