

**APPENDIX B: INDIANA UNIVERSITY HEPATITIS B VACCINATION PROGRAM**

The hepatitis B vaccine is available to all employees who could be expected to come in contact with human blood or other potentially infectious materials in the course of their work. There is **no charge** to the employee.

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**To accept the hepatitis B vaccination, have your supervisor complete the information below and return to the** Designated Medical Service Provider for the respective campus.

\_\_\_\_\_, who is an employee in \_\_\_\_\_  
Print Employee Name and IU I.D. # Department  
is \_\_\_\_\_ is not \_\_\_\_\_ eligible to receive the hepatitis B immunization series.

Account/PO Number \_\_\_\_\_ should be charged.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Supervisor

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**If you do not wish to have the vaccine at this time, please sign the refusal form below.**  
**REFUSAL FORM FOR HEPATITIS B VACCINE:**

- I have received and completed the HBV vaccine series
  
- 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 at no charge to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Employee I.D. #

\_\_\_\_\_  
Signature

**NEW EMPLOYEES WILL NOT BE GIVEN THE HEPATITIS B VACCINE UNTIL AUTHORIZATION FOR EMPLOYEMENT IS DOCUMENTED. THIS FORM MUST BE RETURNED TO THE DESIGNATED MEDICAL SERVICES PROVIDER FOR YOUR RESPECTIVE CAMPUS AND THE DEPARTMENT MUST RETAIN A COPY.**