

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.

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

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 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.