

EMPLOYEE HEALTH

Mail to EMPLOYEE HEALTH OFFICE, R-23, Suite 405, Dominion Tower or
Fax to 305-243-3272

UNIVERSITY OF MIAMI HEPATITIS B VACCINATION DECLINATION FORM

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must complete EITHER this form OR the Hepatitis B Vaccination Consent Form.

Check **A** OR **B** below

- A.** I am previously vaccinated with the complete series of the Hepatitis B vaccine.
- B.** 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 infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. 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 disease, which is 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.

Employee Name (**PRINT**)

Employee ID Number

Employee Signature

Date

Department

Department Phone Number

EMPLOYEE HEALTH OFFICE (R-23), Dominion Tower, Suite 405. Office: (305) 243-3400. Fax: (305) 243-3272