



**Bloodborne Pathogens Program
HEPATITIS B VACCINE FORM**

Completion Required by WA State Bloodborne Pathogens Regulation, WAC-296-823

Please print clearly or type

Name (Last, First, Mi):	Employee ID Number:	Select one: <input type="checkbox"/> UW Employee <input type="checkbox"/> UW Employed Student <input type="checkbox"/> Non-UW Employed Student. If selected provide, Student ID Number:	
Birthdate (XX/XX/XXXX):	Email:	Daytime Phone (Required):	UW Work Location: <input type="checkbox"/> Seattle Campus <input type="checkbox"/> Harborview <input type="checkbox"/> South Lake Union <input type="checkbox"/> Other specify:
Job Title:	Department:	Box Number:	Supervisor/PI Name:

Complete and sign one of the sections below

I. I WOULD LIKE TO RECEIVE THE HEPATITIS B VACCINE

I would like to receive or complete the three dose hepatitis B vaccine series and titer. Please contact me at the above phone number to schedule.

Comments:

Employee Signature:

Date:

II. I DECLINE THE HEPATITIS B VACCINE BECAUSE I HAVE ALREADY HAD IT

To the best of my knowledge, I completed the hepatitis B vaccine. The dates of my hepatitis B immunizations are below.
Please fax official hepatitis B immunization record to the UW Employee Health Center at 206-221-5110.

Vaccine Series received at UW <input type="checkbox"/> Yes <input type="checkbox"/> No	Dose 1 Date:	Dose 2 Date:	Dose 3 Date:	Titer Results and Date:
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Comments:

Employee Signature:

Date:

III. I DECLINE THE HEPATITIS B VACCINE

This 'Declination Statement' for the hepatitis B vaccine is provided in accordance with the Washington State Department of Labor and Industries Regulation on Bloodborne Pathogens (WAC 296-823). The link to this regulation is below: <http://www.lni.wa.gov/safety/rules/chapter/823/>

"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 series at no charge to me."

I have read and understand the above statement and I am declining the hepatitis B vaccine.

Employee Signature:

Date:

For questions about the hepatitis B vaccine or this form, call the UW Employee Health Center at 206-685-1026

**Submit this completed Hepatitis B Vaccine Form to
UW Employee Health Center, Hall Health Center, Box 354410, fax 206-221-5110**