

**California Institute of Technology
Hepatitis B Vaccination Acceptance or Declination Form**

Instructions:

Complete the employee information below. Determine whether or not you wish to receive the vaccine at no charge. Sign and date either the "Acceptance" or "Statement of Non-participation" (Declination) section and forward it to the Caltech EH&S Office, M/C 25-6. Remember, you must sign one, the Acceptance OR the Declination Section. If, after receiving information about Bloodborne Pathogens and specific information about Hepatitis B and you are still unsure, contact Caltech EH&S Office, Biosafety Officer at (626) 395-2430 to have your questions answered.

Employee Information

Employee Name		UID Number	
Job Title		Supervisor Name	
Department/PI		Phone Number	

Please Check One of the Following:

I Accept the Hepatitis B Vaccination

I have received information and training pertaining to Hepatitis B and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risk of the vaccine and I consent to receive this vaccine.

I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine).

I Decline the Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM) 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check one of the following if you are declining:

_____ I am declining because I have previously completed the hepatitis B vaccination series.

_____ I am declining because I choose not to have the hepatitis B vaccination series. I am also aware that I may change my mind at a later date.

Employee Signature

Date