

## Michigan State University

### Hepatitis B

### Surveillance Program

Name: \_\_\_\_\_

PID: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

☐ **CONSENT:** I understand that due to my potential occupational exposure to needles/medical sharps (e.g., scalpel) or bodily fluids contaminated with human blood, I am at risk of getting Hepatitis B virus (HBV) infection. I elect to receive the Hepatitis B vaccine at this time at no cost to myself.

Call MSU Occupational Health at 517-353-9137 to schedule an appointment.

☐ **DECLINATION (General):** I understand that due to my potential occupational exposure to needles/medical sharps (e.g., scalpel) or bodily fluids contaminated with human blood, I am at risk of getting Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of getting Hepatitis B, a serious disease. If in the future I continue to have potential occupational exposure to needles/medical sharps (e.g., scalpel) or bodily fluids contaminated with human blood and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ **DECLINATION (Specific):** I am declining the opportunity to receive the Hepatitis B vaccination series for the following reason:

☐ I have previously received the complete Hepatitis B vaccination series in (year)\_\_\_\_\_

If antibody titer was completed, please indicate result:

☐ Positive (adequate immunity) ☐ Negative

If you have documentation of your Hepatitis B vaccinations and/or titer results, please submit those documents with this completed form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Send completed form to: MSU Occupational Health, Olin Health Center, 463 East Circle Drive, Room 123 East Lansing, MI 48824-1037 ,Fax to: 517-355-0332 or Email to: HT.occhealth@msu.edu. For questions, call 517-353-9137.**