

## **WKU HEPATITIS B VACCINE DOCUMENTATION**

Please Print Name

I, \_\_\_\_\_, an employee of Western Kentucky University, 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 fully trained in the effects of this virus and understand not only the risks involved in contracting this virus but also the importance of taking active steps to reduce those risks.

Department \_\_\_\_\_ Job Title: \_\_\_\_\_

### **(PLEASE CHECK ONE OF THE FOLLOWING)**

\_\_\_\_\_ I am **accepting** the opportunity to be vaccinated with Hepatitis B vaccine, which will be paid for by my employer.

\_\_\_\_\_ I have **previously been immunized** with the Hepatitis B vaccine.  
Date of Series completion \_\_\_\_\_ (If Known)

\_\_\_\_\_ I am **declining** the opportunity to be vaccinated with Hepatitis B vaccine at this time. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B. 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.

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

Today's date: \_\_\_\_\_

Required signature annually.