



## Hepatitis B Vaccination Acknowledgement/Waiver

Before accessing any laboratory area where human blood or other potentially infectious materials (OPIM, including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva or urine contaminated with blood, and human cells/tissue), are stored or worked with, individuals must meet ONE of the following prerequisites (CHECK THE APPROPRIATE BOX):

**Hepatitis B Vaccination Requested**

By signing this form, I understand that due to my 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. It is my responsibility to obtain the vaccination from Nova Occupational Medical Center (employees) or Dr. Bob Smith Student Health Center (students).

**Hepatitis B Vaccination Already Received**

By signing this form, I understand that due to my 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 have already received, or am unable to receive, the vaccination. It is my responsibility to furnish proof of vaccination, immunity, or medical contraindication to Environmental Health and Safety.

**Hepatitis B Vaccination Declined**

By signing this form, I understand that due to my 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.

Name: \_\_\_\_\_ SMU ID: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Department: \_\_\_\_\_

Faculty                       Staff                       Employed Student                       Student

PI Name: \_\_\_\_\_ PI Signature: \_\_\_\_\_