



Employee Hepatitis B Virus Consent / Declination Form

I understand that all employees who are reasonably anticipated to come into contact with human blood or other potentially infectious materials (OPIM) during their normal duties must complete this form. I acknowledge that I have been provided with a copy of the CDC [Hepatitis B Vaccine Information Statement](#). I have read and understood the information provided to me.

Based upon this information, I acknowledge the following. Please check only one of the following boxes:

I have not received the hepatitis B vaccination series. However, my employer has provided me with information on how to receive the vaccination free-of-charge through ASU Employee Health. I understand this includes two injections at prescribed intervals over a one-month period. I understand that there is no guarantee that I will become immune to hepatitis B and that I might experience adverse side effects as the result of the vaccination. I acknowledge that I must provide proof of vaccinations to my employer as they are received.

I have already received the hepatitis B vaccination series. Please list the date of each vaccination and provide proof of vaccinations to your ASU Employee Health:

1st dose:	/	(Month/Year)
2nd dose:	/	(Month/Year)
3rd dose:	/	(Month/Year)
Booster:	/	(Month/Year)

I have received antibody testing to confirm immunity to hepatitis B. Please provide proof of immunity to ASU Employee Health - employeehealth@asu.edu

I do not wish to receive the hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring a hepatitis B virus, or 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 vaccination, 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.

Employee name | print: ASU ID#: _____

Employee's department | print:

Employee signature:

Date:

Original: Maintained by Supervisor or Designee
Copy: Employee
* Pursuant to 29 CFR § 1910.1030(f)(2)(iv)