



HEPATITIS B VACCINE DECLARATION FORM

Name (Last, First, MI)	Employee ID Number	SUNet ID	Date of Birth (mm/dd/yy)
Email	Job Title	Department	Supervisor/PI Name
Daytime Phone(s)	Employment Status (select applicable box)		Stanford Work Location
	<input type="checkbox"/> SU Faculty/Staff <input type="checkbox"/> Medical Student* <input type="checkbox"/> Student Researcher* <input type="checkbox"/> Volunteer*	SU Employed Student Undergraduate Graduate Postdoc	SHC/LPCH Research Lab Stanford Blood Center Other:

* Volunteers and students not engaged in employment or research activity may not be eligible for free vaccination.

Please select and complete one of the applicable sections below:

<input type="checkbox"/>	I. "I WOULD LIKE TO RECEIVE THE HEPATITIS B VACCINE"	
	Please contact me at the above phone number to schedule.	
	Employee Signature	Date:

<input type="checkbox"/>	II. "I DECLINE 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 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."	
	I have read and understood the above statement and I am declining the hepatitis B vaccine:	
	Employee Signature	Date:

This 'Declination Statement' for the hepatitis B vaccine is provided in accordance with California Department of Industrial Relations and in accordance with CAL/OSHA. The link to this regulation: <http://www.dir.ca.gov/title8/5193a.html>

<input type="checkbox"/>	III. "I HAVE COMPLETED THE HEPATITIS B VACCINE SERIES"			
	"To the best of my knowledge, I have completed the Hepatitis B vaccine series. The dates of my hepatitis B immunizations are listed below. If I cannot provide records of these vaccinations, I understand that I may need to repeat the vaccine series unless I decline the vaccination (as in option II above) or show proof of immunity from a titer obtained within 2 months after completion of my original vaccine series."			
	Dose 1 Date	Dose 2 Date	Dose 3 Date	Titer Results and Date
	Select if any of these vaccinations were received at Stanford: <input type="checkbox"/> SUOHC (480 Oak Road) <input type="checkbox"/> SHC/LPCH <input type="checkbox"/> Vaden			

Please fax your Hepatitis B immunization record to SU Occupational Health at 650-725-9218

Employee Signature	Date:
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