



## NAU Hepatitis B Declination Form

My employer has provided me with information on how to receive the hepatitis B vaccination free-of-charge. If I elect to be vaccinated, I understand that I am responsible for scheduling (within 10 days of training/initial assignment) and keeping my appointments to receive the hepatitis B vaccination series. I understand this includes multiple injections at prescribed intervals potentially over a 6-month period. I understand that there is no guarantee that I will become immune to hepatitis B and that I might experience an adverse side effect as the result of the vaccination. I acknowledge that I must provide proof of vaccination to Environmental Health and Safety at [biosafety@nau.edu](mailto:biosafety@nau.edu) or to NAU Box 4137, either through vaccination documentation from the healthcare professional that administered the vaccination series or using the NAU Hepatitis B Vaccination Form.

I understand that due to my occupational exposure to human blood or other potentially infectious materials (OPIM), including tissues, fluids, cells, cell lines, etc. I may be at risk of acquiring hepatitis B virus (HBV) infection which can potentially cause a serious disease. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. If in the future I continue to have occupational exposure to potentially infectious material and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Potential reasons for declining vaccination:

- Previously completed the hepatitis B vaccination series
- Received antibody testing to confirm immunity to hepatitis B
- Vaccine is contraindicated for medical reasons
- Will not be working with human blood, tissues, fluid, cells, or cell lines
- Philosophical or other objection

**I Decline the Hepatitis B Vaccination** [Pursuant to 29 CFR § 1910.1030(f)(2)(iv)]

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employee Name:</b>	<b>Department:</b>
<b>Job Title:</b>	<b>PI/Supervisor Name:</b>
<b>NAU ID Number:</b>	<b>Email Address:</b>

One copy of this completed form **must be submitted to:** Environmental Health and Safety at [biosafety@nau.edu](mailto:biosafety@nau.edu) or to NAU Box 4137, Flagstaff, AZ, 86011. Provide a copy of this form to your PI/Supervisor. One copy of this form must be maintained in the workplace and be readily available for inspection purposes. A copy must also be retained by the individual.



## NAU Hepatitis B Vaccination Form

**Instructions:** Complete the top half of this form and send a copy to Environmental Health and Safety (EHS) via email at [biosafety@nau.edu](mailto:biosafety@nau.edu) or mail at EHS, NAU Box 4137. Bring this form with you to your vaccination appointments with Campus Health Services (or other Licensed Healthcare Professional). When the vaccination series is complete, please send this completed form to EHS via email at [biosafety@nau.edu](mailto:biosafety@nau.edu) or mail at EHS, NAU Box 4137.

<b>Employee Name:</b>	<b>Department:</b>
<b>Job Title:</b>	<b>PI/Supervisor Name:</b>
<b>NAU ID Number:</b>	<b>Email Address:</b>
<b>Local Address (or NAU Box):</b>	<b>Work/Home Phone:</b>

My employer has provided me with information on how to receive the vaccination free-of-charge. I understand that I am responsible for scheduling (within 10 days of training/initial assignment) and keeping my appointments to receive the hepatitis B vaccination series. 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. I understand this vaccination includes multiple injections at prescribed intervals potentially over a 6-month period, there is no guarantee that I will become immune to hepatitis B and that I might experience an adverse side effect as the result of the vaccination. I understand the benefits and risk of the vaccine, I have discussed any concerns or questions with a NAU Bloodborne Pathogens Instructor and/or my physician or nurse, and I consent to receive this vaccine. I consent to NAU Environmental Health and Safety personnel confidentially maintaining my hepatitis B vaccination records.

<b>Employee Signature:</b>	<b>Date:</b>
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----- Below this line to be completed by Licensed Healthcare Professional -----

	Date Vaccinated	Lot #	Injection Site	Signature of Licensed Healthcare Professional
1				
2				
3				

Once the vaccination series is complete, please forward a copy of this completed form to [biosafety@nau.edu](mailto:biosafety@nau.edu) or to EHS, NAU Box 4137, Flagstaff, AZ 86011. Provide a copy of this form to your PI/Supervisor. One copy of this form must be maintained in the workplace and be readily available for inspection purposes. A copy must also be retained by the individual.