



NAU Hepatitis B Vaccination Acceptance 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. Bring this form with you to your vaccination appointments with a Licensed Healthcare Professional. When the vaccination series is complete, please send this completed form to EHS at biosafety@nau.edu. Bring this form with you to your vaccination appointments with a Licensed Healthcare Professional. When the vaccination series is complete, please send this completed form to EHS at biosafety@nau.edu.

Note: if you have been vaccinated previously, please complete the declination form instead of this form.

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

Paid NAU Employees (including Student Workers): 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 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.

Unpaid Students: If a student chooses to seek out the hepatitis B vaccination series, they will need to do so through their own healthcare provider. Please submit a Declination Form to complete the Bloodborne Pathogens training requirement.

Employee/Student Worker Signature:	Date:
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----- Below this line to be completed by a 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. 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.