

**CAMPUS FACILITIES
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.

- I accept the option to receive the hepatitis B vaccine**

- I decline the option to receive the hepatitis B vaccine. I understand that by declining this vaccine, I continue to be at risk for 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) _____

**Employee
Signature _____ Date _____**

CAMPUS FACILITIES
Hepatitis A and 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 A virus infection and hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis A vaccine and hepatitis B vaccine, at no charge to myself.

- I accept the option to receive the hepatitis A vaccine and hepatitis B vaccine**
- I decline the option to receive the hepatitis A vaccine and hepatitis B vaccine. I understand that by declining these vaccines, I continue to be at risk for acquiring hepatitis A and hepatitis B, serious diseases. 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 A vaccine and hepatitis B vaccine, I can receive the vaccination series at no charge to me.**

Employee Name (PRINT) _____

**Employee
Signature _____ Date _____**