

## Hepatitis B Vaccination Declination / Acceptance Form

Please complete the appropriate section below and email the signed copy to campus ERM\*, [dblanton72@sfsu.edu](mailto:dblanton72@sfsu.edu) and to [jacquelinenajera@sfsu.edu](mailto:jacquelinenajera@sfsu.edu) and a copy to EH&S [sfehs@sfsu.edu](mailto:sfehs@sfsu.edu).

This will either initiate a request for vaccination or document declination of the Hepatitis B vaccine.

In accordance with the Cal/OSHA Bloodborne Pathogen standard, San Francisco State University (SFSU) will make available the Hepatitis B vaccination series to all employees who have **occupational exposure** to blood and other potentially infectious materials. SFSU will provide the vaccination series at **no charge** to the employee. All employees who qualify for vaccination have the option to accept or decline.

\*ERM-Enterprise Risk Management

Print Name \_\_\_\_\_  
Department \_\_\_\_\_ SFSU ID \_\_\_\_\_  
Job Title \_\_\_\_\_  
Office Location \_\_\_\_\_ Office Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**I am already immunized.** Date final immunization dose received \_\_\_\_\_  
(Sign at the bottom of form)

**If you have not already been vaccinated, please choose an option below then sign at the bottom.**

### Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or OPIM 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_ I DECLINE Hepatitis B vaccination

### Hepatitis B Vaccine Acceptance

I would like to receive the hepatitis B vaccine. Please contact me to schedule.  
The risk associated with receiving or not receiving the vaccination has been explained to me.

\_\_\_\_\_ I ACCEPT Hepatitis B vaccination

*Choose this option if you have started the vaccine process elsewhere and want to complete the vaccination series now; or you aren't sure if you are vaccinated but want to be vaccinated.*

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_