

# Tulane University

## Hepatitis B Vaccine Consent/Decline Form

I have completed Bloodborne Pathogen Training offered by Tulane University, and understand that despite the use of standard precautions, my normal work/study tasks may bring me in contact with the hepatitis B virus through exposure to blood, tissue, and/or body fluid. As further protection from the hepatitis B virus, Tulane University offers the hepatitis B vaccine at no cost to the employee through the Tulane Living Well Occupational Health Clinic. I understand that the series of three inoculations must be completed to ensure my immunity to the hepatitis B virus. I understand that it is my responsibility to inform my department/unit supervisor of my decision to accept or decline this vaccine.

**Yes, I do want to receive the hepatitis B vaccine.**

I will discuss this with my department/unit supervisor and I will receive the hepatitis B vaccine at the Tulane Living Well Occupational Health Clinic.

**No, I do NOT want to receive 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 the hepatitis B vaccine 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (Please Print) \_\_\_\_\_

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

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Date \_\_\_\_\_