ENVIRONMENT, HEALTH & SAFETY
UNIVERSITY OF MICHIGAN

Hepatitis B Vaccination Form

Date: 08/05/2022
Revision #: 05

For compliance with the Michigan Occupational Safety & Health Administration (MIOSHA) Code, Part 554 Bloodborne Infectious Disease requires a determination be made to evaluate employee work tasks for actual or anticipated exposure to human blood or other infectious material. This Exposure Determination sets forth requirements that will include, at no cost to the employees, the opportunity for a medical evaluation, vaccinations, or treatment after an exposure to blood or any infectious agent occurs. To assure you have been made aware of these options, please complete the following information.

- ☐ Yes, I would like authorization to obtain the Hepatitis B vaccination series (3 shots) from Occupational Health Services (OHS). **Please complete the bottom portion of this form**. *Take to OHS, C380 Med Inn Building. Phone (734) 764-8021*. **Retain a copy of the top portion of this form with your Department or Laboratory records**.
- ☐ No, I would like to decline the Hepatitis B vaccination series. (Choose this option if you have previously received the complete series). **Do not complete the bottom portion**. *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 the 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 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 at that time*. **Retain a copy of this form with your Department or Laboratory records**.

____
Employee Name

____
Employee Signature & Date

✂ —

EHS REQUEST FOR SERVICES—At OHS, C380 MED INN BLDG (734) 764-8021

Service Requested: Hep B Vaccine

Please Print:

____
Name

____
Last 4 digits of Social Security # U-M ID #

____
Department Work Phone #

Authorization

Supervisor's Name: __________________________________
Printed *Signature*