

LAWRENCE UNIVERSITY

CFR 1910:1030

HEPATITIS B VACCINE OFFER

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no cost to myself.

OFFER ACCEPTANCE

I am agreeing to receive the Hepatitis B vaccine series and will make arrangements to receive my first shot of the series of three within my first 10 days of employment. I understand that if I do not complete and return this form to Human Resources within my first 10 days of employment, I will be subject to disciplinary action that could lead to termination.

Name: _____ Employment Start Date: _____

Department: _____ Job Title: _____

Dates of Vaccinations: Site of Vaccine Lot # & Exp. Date

1st: _____

2nd: _____

3RD: _____

I agree to share information with the Wisconsin Immunization Registry. Yes____ No____

Date of Birth: ____/____/____ Mother's Maiden Name (*Optional*): _____

Street: _____ City: _____ State: _____

County: _____

SIGNATURE: _____ **DATE:** _____

OFFER DECLINATION

I decline a 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 material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

SIGNATURE: _____ **DATE:** _____

LU Health Center Hours: 9 am – Noon, 1 – 4 pm (January – June, August – November)

Call the LU Health Center for any questions or concerns regarding this vaccine:

On campus-6574 ~or~ Off-campus 920-832-6574