UPMC Student Health
Hepatitis B Statement

Name(Print)________________________________ School/University: ________________________

PLEASE CHOOSE APPLICABLE:

I have never received the Hepatitis B Vaccine Series. I am interested in receiving the Hepatitis B Vaccine series and understand it is my responsibility to discuss the vaccine with my school/university or personal health care provider.

Signature ____ Date ___________________

I have already completed all three of the Hepatitis B Vaccine series and; (please select below)

I am protected against Hepatitis B infection, and/or I have had antibody testing in the past that confirmed my immune status.

My immune status is unknown.

Signature ____ Date ___________________

I have only received _________ doses of Hepatitis B Vaccine. My last vaccination was ______________

and/or my next dose is due ______________________.

Signature ____ Date ___________________

I do not have any exposure to blood or other potentially infectious material and decline the Hepatitis B Vaccine at this time. If, in the future, I transfer to a department where there is a possibility I may have an occupational exposure to blood or potentially infectious material and I want to be vaccinated with the Hepatitis B Vaccine, I can contact my school/university or personal health care provider for further instructions on receiving the vaccine.

Signature ____ Date ___________________

I decline Hepatitis B Vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have been instructed to discuss the vaccine options with my school/university or personal health care provider. However, I decline the 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 potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can contact my school/university or personal health care provider for further instructions on receiving the vaccine.

Signature ____ Date ___________________