

**Bloodborne Pathogen**

**Immunization Determination**

Complete the form below and send to Occupational Medicine for record keeping.

1850 East Park Avenue, Centre Medical Sciences Bldg., Suite 310, State College, PA 16803.

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| Employee Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Option I**

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| * I have been previously vaccinated against Hepatitis B.   To the best of my knowledge, those vaccination dates were:  Vaccination 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccination 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccination 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Option II**

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| * Hepatitis B Declination   I understand that due to my occupational exposure to blood or other potentially infectious materials (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. |

**Option III**

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| * I wish to be immunized against Hepatitis B   Once you have completed the training requirements, contact the Occupational Medicine Office at 814-863-8492 to schedule an appointment. Note that the financial responsibility for Hepatitis B immunization and any related laboratory testing rests on the Department or Unit where the employee works. |