



West Virginia University (WVU)
Hepatitis B Vaccine Acceptance/Declination Form

Due to your occupational exposure to blood or other potentially infectious material (OPIM) you may be at risk of acquiring a hepatitis B virus (HBV) infection. You may obtain the Hepatitis B vaccination series and Post-Exposure Evaluation from the WVU Occupational Health & Safety at no cost to you*.

Hepatitis B vaccination is recommended unless:

- 1) Documentation of prior vaccination and post-vaccination titer is provided to WVU Office of Research Integrity & Compliance (ORIC).
- 2) Medical evaluation identifies that vaccination is contraindicated.

If you have received prior Hepatitis B immunization, list the following three dates (month/year): _____, _____, _____ and provide documentation of the immunization and post-vaccine titer as soon as possible to **the WVU Occupational Health Nurse at _____** Phone number: **304-293-3693**

Please choose one of the following options (listed below) at the end of the training class. Please sign, date, and print your name at the space listed below (Note: You can change your decision at any time and discuss questions by contacting the WVU Occupational Health Medical Clinic at 304-293-3693):

I certify that I have received prior Hepatitis B immunization and will provide documentation of the immunization and post-vaccine titer to the WVU Biosafety Officer at vrayadurg@mail.wvu.edu with a cc (carbon copy) sent to Jonathan.Young@mail.wvu.edu.
Phone Number 304-293-7157.

I certify that I have been offered and will participate in the Hepatitis B Vaccine Program which includes serological testing at 1-2 months post-vaccination. I understand that I must request an appointment for these medical services within ten (10) working days, by contacting the WVU Occupational Health & Safety Medical Clinic at 304-293-3693.

I understand that due to my occupational exposure to blood or OPIM, I may be at risk of acquiring 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.

Employee Signature _____ Date _____
Employee Name (print) _____

Please return this form to the Office of Research Integrity by campus mail to PO Box 6845
* The Hepatitis B Vaccination is available to all **WVU Employees** free of charge. WVU Graduate Students receiving a stipend or salary from the University are considered employees and are eligible to receive the vaccine free of charge. WVU Graduate Students & WVU Undergraduate students who **do not** receive a stipend or salary from the University are not eligible to receive the vaccination free of charge.