

GEORGIA STATE UNIVERSITY

HEPATITIS B VACCINATION

I have reviewed information on the Hepatitis B Vaccination Program and I choose to

_____request series

_____decline series

I understand it is my responsibility to contact the Georgia State University Health Center Immunization Program at extension 1-1171 to schedule an appointment to receive the vaccine.

Signature

Date

HEPATITIS B VACCINE DECLINATION

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 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 for acquiring Hepatitis B, a serious disease.

If in the future I continue to have other occupational exposure to blood or other infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

Please send this completed form to the Biosafety Officer located within the Office of the Vice President for Research or via fax at (404) 654-5838.