

Hepatitis B Virus Vaccination Attestation/Declination Form*

OSHA has stated that employers are required to maintain an accurate copy of each employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations [29 CFR 1910.1030(h)(1)(ii)(B)]. Your Principal Investigator/Supervisor must keep a copy of your Vaccination Status or Declination with their laboratory Exposure Control Plan.

I understand that all employees who are reasonably anticipated to come into contact with human blood or OPIM during their normal duties must complete this form. I acknowledge that I have been provided with a copy of the [CDC Hepatitis B Vaccine Information Statement](#). I have read and understood the information provided to me. Please check any of the boxes that apply:

- I have already received the hepatitis B vaccination series.** Please list the date (or approximate date) of each vaccination and provide proof of vaccinations to your Principal Investigator/Supervisor, **who should keep this on file:**

1st dose: _____ (Month / Year)
2nd dose: _____ (Month / Year)
3rd dose: _____ (Month / Year)
Titer: _____ (Month / Year)

Please note, that if you currently receiving the vaccine series, complete the dates for the doses that you have received and, once additional doses have been administered, update the form and provide copies to your Principal Investigator AND OEHS (Biosafety@OEHS.utah.edu).

- I have undergone antibody testing that has revealed I am already immune to hepatitis B virus:**

Date or Approximate Date: _____ (Month / Year)

- I have been informed that the hepatitis B virus vaccine is contraindicated for medical reasons:**

Date or Approximate Date: _____ (Month / Year)

If none of the above boxes is checked, complete the options on the next page:

- I would like to receive the hepatitis B vaccination series.** The University of Utah has provided me with information on how to receive the vaccination free-of-charge through the University of Utah Student Health Services. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to hepatitis B and that I might experience an adverse side effect as the result of the vaccination. I acknowledge that I must provide proof of vaccinations to my employer as they are received. Contact OEHS at 801-581-6590 to arrange vaccination.

Complete this section when vaccinated and provide to your Principal Investigator/supervisor and OEHS:

1st dose: _____ (Month / Year)
2nd dose: _____ (Month / Year)
3rd dose: _____ (Month / Year)
Titer: _____ (Month / Year)

- I do not know if I have received the hepatitis B vaccine.** The University of Utah has offered to do antibody testing to determine if I am immune to hepatitis B virus. If I am not immune, I will request to receive the vaccination by contacting OEHS at 801-581-6590, as described above.
- I do not wish to receive the hepatitis B vaccine.** I understand that due to my occupational exposure to blood or 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 vaccination, 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 Name (print): _____

Employee Signature: _____

Employee's Department (print): _____

University of Utah Employee E Mail (print): _____

Principal Investigator/Supervisor (print): _____

Principal Investigator/Supervisor e mail (print): _____

Date: _____

Original: Maintained by PI/Supervisor or Designee **Copy:** Employee and OEHS

* Pursuant to 29 CFR 1910.1030(f)(2)(iv)