

# Tufts

UNIVERSITY  
Hepatitis B Vaccination  
Acceptance or Declination Form

## Acceptance

I understand that due to my potential 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. I accept this opportunity to receive the HBV vaccine series.

I have read the information about the HBV vaccine and have been given an opportunity to ask questions. I understand the benefits and potential side effects of the vaccine and consent to the administration of the recombinant HBV vaccine.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department

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## Declination\*

I understand that due to my potential 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 of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\*APPENDIX A TO Section 1910.1030 – Hepatitis B Vaccine Declination (Mandatory)

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department

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I have already received the Hepatitis B vaccination series, consisting of three shots.

The series was carried out by \_\_\_\_\_ and completed on \_\_\_\_\_  
Institution Date

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department

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If you choose to obtain the vaccination know that:

- It should be at no charge to you, and done at a time that is convenient for you
- You may have it done by your primary HCP, any co-pay is reimbursable through your department supervisor
- **Boston Campus** - Contact Tufts Medical Center, Employee Health, 800 Washington Street, Boston, MA 02111 @ 617-636-5480, and identify yourself as a Tufts University employee, and that you need to get the Hep B vaccination.
- **Grafton Campus** - Contact Milda Walkley, Building 17, Room 207, Tuesdays 9-5, @ x84900, and identify yourself as a Tufts University employee, and that you need to get the Hep B shots or titres done.
- **Medford Campus** - Contact CareGroup Occupational Health Services at Mt. Auburn Hospital @ 617-354-0546, and identify yourself as a Tufts University employee, and that you need to get the Hep B shots or titres done.
- If you have any questions, please do not hesitate to call the EHS office at x63615.

**Tufts Environmental Health & Safety**  
**200 Harrison Ave., Posner 105**  
**Boston Campus**