



AUTHORIZATION FOR HEPATITIS B VACCINATION

Section I: Employee Instructions

Upon receipt of the approved Authorization for Hepatitis B Vaccination, take the form with you to the CSUC Student Health Center located across the street from Whitney Hall. Vaccinations are given Monday through Friday before 11:00 a.m. (except Wednesday when the office opens at 9:30 a.m.) No appointment is necessary. If you have any questions, please call extension 5241. Be sure to identify yourself either as a CSUC employee or student. Upon your request, you will be provided with a completed copy of the Authorization for Hepatitis B Vaccination form after your vaccination. A copy will also be provided to EHS.

Employee Name: _____
Department: _____ Position: _____
Supervisor: _____
Employee Signature: _____ Date: _____

Section II: Environmental Health and Safety Authorization

Kenneth L. Sator, Director
Date: March 17, 2009

Section III: Student Health Services – Vaccination Administrator

Vaccination Dates: (1) _____ (2) _____ (3) _____
Vaccination Complete Yes No Date: _____
If "NO" please explain: _____

Name and Title

Signature

Section IV: Employee Hepatitis B Vaccination 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 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."

NAME: _____
(PRINT) (SIGNATURE)
DATE: _____