

## HEPATITIS B VACCINE ACKNOWLEDGEMENT/WAIVER

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 understand that I may be vaccinated, free of charge, with hepatitis B vaccine at the Department of Employee Health (Employee Health). To schedule an appointment, or to confirm that a nurse is available to give the vaccination, please call (203) 432-7978.

The selection below indicates how I wish to proceed:

- I want to be vaccinated against hepatitis B if recommended by the Department of Employee Health and understand that I may go to Employee Health (55 Lock Street) after scheduling an appointment or calling ahead to confirm nurse availability at 203-432-7978. *[TMS Code HBYES]*
- I decline the hepatitis B vaccine at this time. 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. 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. *[TMS Code HBNO]*
- I have already received the hepatitis B vaccine. (Please send this information to the Employee Health Office. You can drop off your record, or mail, or fax this information to: Employee Health, 55 Lock Street, P.O. Box 208237, New Haven, CT 06520-8237, Fax: 203-432-7828) *[TMS Code HBHAD]*

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
NetID

\_\_\_\_\_  
Telephone (8:30 a.m. - 5:00 p.m.)

\_\_\_\_\_  
Date

Please return completed copy to:

Environmental Health & Safety  
Training Coordinator  
135 College Street, Suite 100  
New Haven, CT 06510  
Email: [safetytraining@yale.edu](mailto:safetytraining@yale.edu)