

HEPATITIS B ACKNOWLEDGEMENT FORM

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 (choose one):

- 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. (Yale employees may send proof of immunization by one of the following methods: email: employeehealth-business@yale.edu; mail: Employee Health, 55 Lock Street, P.O. Box 208237, New Haven, CT 06520-8237, or 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