

## Appendix B University of Delaware

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_

### Option I

I have been vaccinated for hepatitis B virus at a previous time.

The dates of vaccination, to the best of my knowledge, are:

Vaccine 1: \_\_\_\_\_

Vaccine 2: \_\_\_\_\_

Vaccine 3: \_\_\_\_\_

Please attach a copy of any vaccination verification if possible.

### Option II

Hepatitis B Vaccine 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.

### Option III (For employees and graduate students only)

I would like to be vaccinated for Hepatitis B

If you are medically insured through the university, contact your primary care physician and make an appointment for vaccination. Notify Kathleen Schmidt at [schmidtk@udel.edu](mailto:schmidtk@udel.edu) of the vaccination dates.

If you are not medically insured through the university, contact Kathleen Schmidt at [schmidtk@udel.edu](mailto:schmidtk@udel.edu) to have the vaccine administered at a local clinic.

**Return to : Kathleen Schmidt, 132 General Services Building**