

HEPATITIS B VACCINE DECLARATION FORM

Please submit this completed form to the address or fax below

Name	SU/Student ID # (8 digits)	Email	
Daytime/work phone	Job Title	Department	Supervisor/PI Name
Stanford Work Location (check all that apply)		Employment Status (select applicable box)	
<input type="checkbox"/> SHC/LPCH	<input type="checkbox"/> Spectrum outpatient site	<input type="checkbox"/> SU Faculty/Staff	<input type="checkbox"/> SU Employed Student
<input type="checkbox"/> Stanford Blood Center	<input type="checkbox"/> Vaden Student Health	<input type="checkbox"/> Medical Student*	<input type="checkbox"/> Undergraduate
<input type="checkbox"/> SU Research Lab, APB/APLAC Protocol #: _____		<input type="checkbox"/> Student Researcher*	<input type="checkbox"/> Graduate
<input type="checkbox"/> Other:		<input type="checkbox"/> Volunteer/Visitor*	<input type="checkbox"/> Postdoc

** Volunteers and students not engaged in employment or research activity may not be eligible for free vaccination.*

STEP 1, SUPERVISOR/PI:	PLEASE COMPLETE TO CONFIRM EMPLOYEE HEPATITIS B VACCINATION ELIGIBILITY
"I certify that the above-named employee shall be offered Hepatitis B vaccination based upon potential workplace exposure to Bloodborne Pathogens" as listed on the next page .	
Name	Phone:
Signature	Date:

STEP 2, EMPLOYEE:	PLEASE SELECT AND COMPLETE ONE OF THE APPLICABLE SECTIONS BELOW
I. "I WOULD LIKE TO RECEIVE THE HEPATITIS B VACCINE SERIES"	
"Please contact me at the above phone number or email to schedule."	
<input type="checkbox"/>	Date:
Employee Signature	Date:

II. "I DECLINE HEPATITIS B VACCINATION"	
"I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) that I may be at risk of acquiring hepatitis B virus (HBV) infection, a serious disease. Although I have been provided the opportunity to be vaccinated with hepatitis B vaccine at no charge* to myself, I decline vaccination at this time. If in the future I continue to have occupational exposure to blood or OPIM at Stanford and wish to be vaccinated, I can receive the Hepatitis B vaccination series at no charge* to myself."	
I have read and understood the above statement and am declining the hepatitis B vaccine series for the following reasons (please check all which apply):	
<input type="checkbox"/>	To the best of my knowledge, I have completed the full Hepatitis B vaccine series (three shots).
<input type="checkbox"/>	I have undergone blood testing showing that I am immune to Hepatitis B.
<input type="checkbox"/>	I will send medical proof of vaccination and/or immunity along with this form
<input type="checkbox"/>	None of the above apply. I do not want to receive Hepatitis B vaccination.
Please fax your Hepatitis B immunization records to SU Occupational Health at 650-725-9218	
Employee Signature	Date:

This 'Declination Statement' for the hepatitis B vaccine is provided in accordance with California Department of Industrial Relations and in accordance

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To determine if an individual must be included in the Bloodborne Pathogens Program, simply answer the following questions:

If the answer to **ANY** of the following questions is **YES**, then the worker is considered to be at occupational risk of contracting Hepatitis B virus or other bloodborne pathogens (e.g. pathogens present in blood or tissue specimens in a clinical or laboratory setting which can cause disease in humans.)

Does the worker ever:

- (a) **handle human blood or blood products**, such as whole blood, plasma, serum, platelets, or white cells?
- (b) **handle human body fluids** such as semen, cerebrospinal fluid, vaginal secretions, joint fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid?
- (c) **work with animals**, such as primates, that are **infected** with hepatitis B or other bloodborne pathogens **OR** perform tasks where such animals are housed?
- (d) **handle unfixed*** human tissue or organs, including tissue culture cells and cell lines?
*Tissues and organs soaked in chemical preservatives such as alcohol or formaldehyde are "fixed"
- (e) **handle blood, blood products, body fluids or unfixed tissues** or organs (including tissue culture cells and cell lines) of **animals infected** with the hepatitis B virus or other bloodborne pathogens?
- (f) **work with** hepatitis B virus or other bloodborne pathogens or with preparations, such as liquid solutions or powders, containing the hepatitis B virus?
- (g) **handle sharp instruments** such as knives, needles, scalpels, or scissors which have been used by others working **with** human blood or other potentially infectious materials to include human organs, tissue or body fluids **OR** used by others working with similar body parts and fluids from **animals infected** with the hepatitis B virus or other bloodborne pathogens?
- (h) **enter areas where other individuals work** with human or animal blood, body fluid, tissues or organs which are **infected with** the hepatitis B virus or other bloodborne pathogens **AND perform tasks** where these body substances may come into **contact** with the laboratory worker's unbroken skin, broken skin, or mucous membranes?
- (i) **perform tasks** which may potentially result in the lab worker's exposed skin or mucous membranes coming in **contact with** human or animal blood, body fluids, organs, or tissues which are **infected with** the hepatitis B virus or other bloodborne pathogens?