



**Environmental & Emergency Management
Environmental Health and Safety
University Crossing Suite 230
Lowell, MA 01854
Phone: 978-934-2618 Fax: 978-934-4018**

BLOODBORNE PATHOGEN STANDARD

HEPATITIS B VACCINATION/DECLINATION FORM

The University of Massachusetts Lowell in compliance with the OSHA “Bloodborne Pathogen Standard” offers the Hepatitis B Vaccine (**HBV**) to employees with potential for exposure to bloodborne pathogens.

As UMass employee, you have the option to receive the HBV at no cost to you.

Please print your name and indicate your interest in receiving HBV by checking one of the boxes below. Sign and date the bottom of the form and return to the Training Instructor or mail by interoffice mail to: Ruth Medina, EHS. University Crossing Suite 230 Lowell, MA 01854

Print Name: _____

Job Title: _____

Department: _____

No thanks, I’ve already received HBV vaccination

I do not know, but I’m interested in knowing if I have HBV immunity

Yes, I’m interested in receiving HBV at no cost to me.

No thanks, I’m not interested in receiving HBV. I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Signature: _____ Date: _____

Note: EHS personnel will coordinate HB Vaccine for employees covered by the UML Exposure Control Plan.