Hepatitis B Vaccination Acknowledgement/Waiver/Exemption

Before accessing any laboratory area where human blood or other potentially infectious materials (OPIM, including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva or urine contaminated with blood, and human cells/tissue), are stored or worked with, individuals must meet ONE of the following prerequisites (CHECK THE APPROPRIATE BOX):

☐ Hepatitis B Vaccination Acknowledgement

By signing this form, I understand that due to my 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. It is my responsibility to obtain the vaccination from Nova Occupational Medical Center (employees) or Dr. Bob Smith Student Health Center (students). Alternatively, it is my responsibility to furnish proof of vaccination, immunity, or medical contraindication to Environmental Health and Safety (employees) or Dr. Bob Smith Student Health Center (students).

☐ Hepatitis B Vaccination Waiver

By signing this form, I understand that due to my 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.

☐ Hepatitis B Vaccination Exemption

By signing this form I declare that I have been informed by training about BBP, and I am aware that BBP, including hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other BBP, can cause hepatitis B, a serious liver disease, and acquired immunodeficiency syndrome (AIDS), a disease of the human immune system. However, I am currently exempt from handling any above-mentioned materials that could harbor BBP, and exposure to BBP is minimal. When/if my duties or line of study change and there could be anticipated exposure to BBP, I acknowledge that I have the responsibility to inform the Environmental Health and Safety Office (EHS) about the change before the change takes place.

Name: ___________________________ SMU ID: ___________________________
Signature: ___________________________ Date: ___________________________
E-mail: ___________________________ Department: ___________________________
☐ Faculty   ☐ Staff   ☐ Employed Student   ☐ Student
PI Name: ___________________________ PI Signature: ___________________________