**Hepatitis B Vaccination Acceptance or Declination Form**

**Instructions:**

Complete the Employee/Student information below. Determine whether or not you wish to receive the vaccine at no charge. Check either the “Acceptance” or “Declination” section and forward to the Research Compliance Office at umkcibc@umkc.edu.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School/Academic Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**I am an: Employee:** [ ]  **Student:** [ ]

**Please Check One of the Following:**

[ ]  **I Accept the Hepatitis B Vaccination**

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided information on the hepatitis B vaccine ([CDC for HpB Vaccinations](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fvpd%2Fhepb%2Findex.html&data=04%7C01%7C%7Cd3745b374b52496e714a08d8c7c192c3%7Ce3fefdbef7e9401ba51a355e01b05a89%7C0%7C0%7C637478981639987723%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=KzvFAIuN3zeYf7CHthBN32wavoeFrlga9mEtQbt9MTU%3D&reserved=0)), including information on its effectiveness, safety, method of administration and the benefits of being vaccinated. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself.

I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine). ***See Appendix I below for the process to secure your vaccination.***

[ ]  **I Decline the Hepatitis B Vaccination**

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM) I may be at risk of acquiring hepatitis B virus (HBV) infection I acknowledge that I have been provided information on the hepatitis B vaccine, including information on its effectiveness, safety, method of administration and the benefits of being vaccinated. 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. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check one of the following if you are declining:

[ ]  I am declining because I have previously completed the hepatitis B vaccination series.

[ ]  I am declining because I choose not to have the hepatitis B vaccination series. I am also aware that I may change my mind at a later date.

Employee/Student Signature Date

**Appendix I**

1. If you have checked the “I Accept the Hepatis B Vaccination” please contact UMKC Student Health and Wellness to schedule your appointment.
2. Appointments can be made here, <https://www.umkc.edu/studenthealth/appointments/index.html>.
3. Student Health and Wellness will provide you with proof of vaccination for you to present to your supervisor and the UMKC IBC Administrative Office.
4. Your department will need to provide a MoCode to Student Health and Wellness to cover the cost of the vaccination.