UNIVERSITY OF FLORIDA

BLOODBORNE PATHOGEN PROGRAM

for individuals having contact with

HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

Training and Vaccination Form
Acceptance/Declination Statement

1. [ ] I have received training on the risks of working with human blood or other potentially infectious materials as outlined in the University of Florida's Bloodborne Pathogen Program.

_____ _____

Hospital or Institution Providing Training | Date of Training

2. In full recognition of the above

[ ] I accept participation in the vaccination series and have not yet been vaccinated.
Take a copy of this form to the Student Health Care Center (see info below) to begin the vaccination series.
Jacksonville personnel go to the Employee's Health Office, Suite 505 Tower 1, 5th and Jefferson.

[ ] I received the HBV vaccination series on _____, _____, & _____.
(dates)

[ ] I decline participation in the vaccination series.

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 the hepatitis B vaccine 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.

_____	_____	_____
Signature	Name (Please print)	Date
_____	_____	_____
UF ID #	Position Title (Official UF)	Position #
_____	_____	_____
Department	Campus Mailing Address	Phone
_____	_____	_____
Supervisor/PI Signature	Supervisor/PI Name (Please print)	Date

Please Note: This form, completed in full, is required to get a HBV vaccination at the Student Health Care Center and to decline vaccination if desired. Photocopy this form as needed.

Student Health Care Center at the Infirmary
392-1611 x4212
Walk in for immunizations:
Monday 1 – 3 pm
Tuesday 8 – 11 am

Student Health Care Center at the Health Center Dental tower
D2-52 392-0627
Walk in for Immunizations:
Monday 8:30 – 11:30
Tuesday 1:30 – 4:30pm
Wednesday, Thursday, & Friday 8:30 – 11:30 & 1:30 – 4:30