##### University of Montana

**Hepatitis B Vaccination Request**

**Student**

**Student’s Name:**

**Griz Card #:**

**Phone:**

**e-mail:**

***CHOOSE EITHER OPTION 1 OR OPTION 2:***

**OPTION 1**: If you are a **student** and elect to receive hepatitis B vaccination, fill out the vaccine request, sign and take to Curry Health Center or to a clinic or physician of your choice and return the form to your immediate supervisor with confirmation of your vaccination and subsequent titer.

**Vaccine Request**

I have read and understand the UM Bloodborne Pathogens Exposure Control Plan, [www.umt.edu/research/Compliance/IBC/BBP.php](http://www.umt.edu/research/Compliance/IBC/BBP.php), and have been trained about the hazards of bloodborne pathogens. I understand that due to potential exposure to human blood, fluids or tissues in my classes or training at UM, I may be at risk of acquiring hepatitis B virus (HBV) infection. I elect to receive the hepatitis B vaccine at this time and understand that as a student, I am responsible for the cost of the vaccination series and subsequent titer analysis.

Signature of Student: Date:

OPTION 2: If you are a student and elect (A) NOT to receive the hepatitis B vaccination, or (B) if you have been previously vaccinated, please sign this form and give to your immediate supervisor.

A. Hepatitis B Vaccine Declination

I understand that due to potential exposure to blood or other potential infectious materials in my classes or training at UM, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the information about HBV and the HBV vaccination series. 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 and incurable disease.\* If I subsequently decide to be vaccinated, as a student, I am responsible for the cost of the vaccination series and titer analysis.

Signature of Student Date:

***\*The initial cost for a needle stick or sharps injury averages $747. This cost is incurred by the student.
 According to the American Hospital Association, one case of serious infection by bloodborne pathogens can
 cost $1 million or more in expenditures for testing, follow up tests, medication, lost time, etc.***

##### B. If previously vaccinated, complete the following information:

Date of HBV Vaccination Result/Titer  Facility

Signature of Student Date: