Southwestern University Safety Office

Appendix A – HepB Vaccine: Acceptance/Declination				
I have had a previous HBV vaccine series - approximate date/year: I have not had a previous HBV vaccine series. I don't recall if I ever had a HBV vaccine series or am concerned and want to be sure my HBV vaccine produced immunity and would like to request an antibody test to determine if I am considered immunized (blood test required – if sufficient antibodies are present there will be no need for the three shot vaccine series).				
I understand that do may be at risk of ac with hepatitis B vac (In PART A. I acc	ue to my potential for cquiring hepatitis B viccine, at no charge to nitials) Date:	occupational exposure to blorus (HBV) infection. I have me. AC	lood or other potential been given the opporate the composition of the	ally infectious materials, I ortunity to be vaccinated
office will contact SU Health Services to authorize the HBV series upon completion and receipt of this form. DECLINE (Initials) Date:				
PRINT Name:Signature:				
Date of 1 st vaccine Man:	: Lot#	vard Completed Record to Exp. Date:	Site:	
		Exp. Date:		Initials:
		1st vaccine): Exp. Date:		Initials:
HepB Titer Test (antibody test): Date: Result: HbsAb Need HBV (negative test) Do Not Need HBV - (positive test) - Min. 10mIU/ml HbsAb - Hepatitis B Surface Antibody Titer is serologic evidence of immunity.				
Invoiced Date:	Δr	mount Invoiced:	Accoun	t Transfer

Departmental Supervisors: Forward this Record to Safety Office