



Instructions:

1. Employee provides this form to the medical provider.
2. Medical provider completes form.
3. Employee returns form to own department.
4. Department sends copy to EH&S.

Department of Environmental Health and Safety

TO: ENVIRONMENTAL HEALTH AND SAFETY

RE: CONFIRMATION OF HEPATITIS A AND/OR HEPATITIS B VACCINATION

Name: _____ Title: _____
Employee ID: _____
Department: _____ TEL: _____



LICENSED HEALTHCARE PROVIDER

The above-named employee has successfully completed (please check all that apply):

- Hepatitis A Vaccination Series (2 Shots)
- Hepatitis B Vaccination Series (3 Shots)
- Hepatitis B Titer
- Hepatitis B Booster

COMMENTS:

Examining Physician's Name (Print):

Date: _____

Signature: _____

Department: _____



Stony Brook
University

TO: ENVIRONMENTAL HEALTH AND SAFETY

RE: HEPATITIS B DECLINATION FORM

Name: _____ Title: _____

Employee ID: _____

Department: _____ TEL: _____

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 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.

Signature: _____

Date: _____