

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.

DN-Clinic Administration	Date of Training	S. Scrambling
UF Department Providing Training	Date of Training	Trainer

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 floor, 8th and Jefferson Streets.

I received the HBV vaccination series on _____, _____, & _____.
 (dates - month/year is essential)

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
	Volunteer	
UF ID #	Position Title (Official UF)	Position #
	PO Box 100412	
Department	Campus Mailing Address	Phone
	S. Scrambling	
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.

Main Office for Occupational Health:
Student Health Care Center at the Health Center Dental tower
 D2-49 (352) 294-5700
 Call for appointment

Satellite office:
Student Health Care Center - Infirmary
 392-1161 x4212
 Call for appointment

If declining vaccination or providing dates, return the form to your departmental BBP training coordinator who will attach it to the list of those trained in your department and send to Box 112190.