APPENDIX F: HEPATITIS B VACCINATION/SCREENING

The Hepatitis B vaccine shall be made available to all workers identified as having potential occupational exposure on a daily or near daily basis to bloodborne pathogens. IU Health Urgent Care Facility provides these vaccinations for paid workers. The IU Health Center provides the vaccinations for unpaid students. Individual departments are responsible for the cost of this vaccine.

Vaccinations shall be available to all existing workers with occupational exposure after receiving training regarding the risk of exposure to bloodborne pathogens and within 10 working days of initial assignment to jobs with occupational exposure. Vaccination is not indicated for workers who have already had the HBV series, who have had antibody testing documenting immunity to HBV, or who have medical contraindications to the vaccine. Pre-screening is not a prerequisite for receiving the vaccination.

Workers may choose to accept or decline the vaccination, and must document this choice using the “Hepatitis B Vaccination Policy” form found below and online at:

http://www.ehs.iu.edu/forms.shtml

Workers that accept the vaccinations must fill out an “Authorization for Treatment/Testing (Non-Injury/Illness)” form at:

http://hr.iu.edu/workers/authform.html

Any worker who initially declines the recommended vaccination may elect to accept it at a later date if still employed in a position with potential occupational exposure.
INDIANA UNIVERSITY
Hepatitis B Vaccination Acceptance/Declination

Hepatitis B vaccine is available to all workers who could be expected to come into contact with human blood and other potentially infectious materials in the course of their work. There is NO CHARGE to the worker.

To accept the Hepatitis B vaccine you must:

1. Fill out an "Authorization for Treatment/Testing (Non-Injury/Illness)" form at:
   http://hr.iu.edu/workers/authform.html

2. Have your supervisor complete this form.
   ____________________________________________________________, who is a worker in
   ____________________________________________________________ Department is __________ is not ______ eligible to receive the HBV immunization series.

   Date ________________ Signature, Worker ________________________________

   Date ________________ Signature, Supervisor ______________________________

3. Return to the appropriate address below.

   **Employees** should call **IU Health Urgent Care East** (812-353-6888) to schedule an appointment for vaccination;

   **Students** should call the **IU Health Center** (812-855-7688) to schedule the appointment.

   Personnel must return this form to the Office of Environmental Health and Safety Management, 1514 E, Third Street.

   New employees will not be given Hepatitis B vaccine until authorization for employment is satisfactory. If you do not wish to have the vaccine at this time, please sign the refusal form.

   ____________________________________________________________
   **REFUSAL SECTION FOR HEPATITIS B VACCINE**

   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 Hepatitis B vaccination at this time. I understand that, unless I have been previously vaccinated for Hepatitis B, 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.

   Date ________________ (Print) Name and I.D. # ________________ Signature ________________________________

   ____________________________________________________________