

UNIVERSITY OF FLORIDA BLOODBORNE PATHOGEN PROGRAM
for individuals having contact with
HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)
Training and Vaccination Form Acceptance/Declination Statement
Revised 07/2016

A. I have received training about the risks of working with human blood or other potentially infectious materials as outlined in the University of Florida’s Bloodborne Pathogen Program.

UF Department Providing Training	Date of Training (MM/DD/YYYY)	Trainer name
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B. In full recognition of the above, choose one of the following:

1. I accept participation in the vaccination series and have not yet been vaccinated.
To receive the vaccination series, have your department’s fiscal or accounting office fill in this section:

Fiscal Authority Name	Phone	Email Address (ufl.edu address)
Chart Field #		

Take a copy of this form with you to your appointment.
At UF Gainesville: Student Health Care Center at the Health Center Dental tower –Room D2-49, (352) 294-5700 At UF Jacksonville: Employee Health Office, Suite 505 Tower 1, 5th floor, 8th and Jefferson Streets

OR

2. I already received the HBV vaccination series on (month/day/year for each of the 3 shots)

MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
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Complete the information below, sign, and send us a copy of this form.
Mail: EH&S, Biosafety Office, Box 112190, Gainesville, FL 32611, email: bs@ehs.ufl.edu or Fax: 352 392-3647

OR

3. 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.

Complete the information below, sign, and send us a copy of this form.
Mail: EH&S, Biosafety Office, Box 112190, Gainesville, FL 32611, email: bs@ehs.ufl.edu or Fax: 352 392-3647

Signature	Name (Please Print)	Date	UF ID #	Position Title (Official UF)
Position #	Department	Campus PO Box #	Phone	