



Harvard University Hepatitis B Vaccination Offer

For personnel at Harvard University with occupational exposure to Bloodborne Pathogens.

Please complete the Harvard University Hepatitis B Vaccination Offer Form on page 2 if you may come in contact with human blood or other potentially infectious human materials in the normal course of your job duties. As required by the OSHA Bloodborne Pathogen Standard (BBP), Harvard will make available at no charge the hepatitis B virus vaccine series to all Harvard personnel who have potential occupational exposure to human blood and other potentially infectious material as defined in the OSHA BBP Standard unless that person has (a) previously received the complete hepatitis B vaccination series, or (b) antibody testing has revealed immunity, or (c) the vaccine is contraindicated for medical reasons. Persons have the right to accept or decline the vaccine.

After reading the following *Training Points for Personnel Offered the Hepatitis B Vaccine* below, please fill out and check the appropriate boxes on page 2, Harvard University Hepatitis B Vaccination Offer Form.

Training Points for Personnel Offered the Hepatitis B Vaccine

1. Offered at no cost, the person may initially turn down the offer to be vaccinated, but can request vaccination at a later date, without cost, if s/he is still at risk from an occupational exposure. Persons who do not wish to be vaccinated must read and sign the Vaccine Declination Statement included on this form.
2. Vaccine Efficacy, Safety, Benefits (Source: WHO Fact sheet N°204 Revised August 2008 Hepatitis B)
 - The complete vaccine series induces protective antibody levels in more than 95% of infants, children, and young adults. After age 40, protection following the primary vaccination series drops below 90%. At 60 years old, protective antibody levels are achieved in only 65 to 75% of those vaccinated. Protection lasts at least 20 years and should be lifelong.
 - The vaccine has an outstanding record of safety and effectiveness. Since 1982, over one billion doses of hepatitis B vaccine have been used worldwide. In many countries where 8% to 15% of children used to become chronically infected with HBV, vaccination has reduced the rate of chronic infection to less than 1% among immunized children.
 - A vaccine against hepatitis B has been available since 1982. Hepatitis B vaccine is 95% effective in preventing HBV infection and its chronic consequences and is the first vaccine against a major human cancer.



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“I state that I have read the Hepatitis B vaccine information attached. I acknowledge that I am required to complete Bloodborne Pathogens Training.” Please check any of these boxes that apply and complete the blank:

- On or about _____ (date), I received the complete hepatitis B virus vaccination series;
- On or about _____ (date), I received information that antibody testing has revealed that I am already immune to hepatitis B virus;
- On or about _____ (date), I received information that the hepatitis B virus vaccine is contraindicated for medical reasons.

If none of the above boxes were checked, Harvard University will offer me the Hepatitis B vaccine at no cost. I choose the following:

1. “I accept the offer to be vaccinated and agree to complete the vaccination series. I will schedule an appointment with Harvard University Health Services (UHS) by calling [\(617\) 432-1370 \(Longwood\)](tel:6174321370) or [\(617\) 495-5711 \(Cambridge\)](tel:6174955711).” ***NOTE: Bring a copy of this completed page to the appointment with UHS.***
2. “I decline to accept vaccination at this time. 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 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.” *(OSHA Bloodborne Pathogen Standard, CFR 1910.1030)*

Personnel Signature: _____ **Date:** _____

Personnel Name: _____ **Harvard ID Number:** _____

Job Title: _____ **School/Dept:** _____

Supervisor’s Name: _____

33-digit billing code for UHS _____

Completed forms must be maintained by the supervisor/HR for each potentially exposed direct report.