

APPENDIX B

University of Maryland, Baltimore

EMPLOYEE HEPATITIS B VACCINE DECISION (MANDATORY)

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 decline the vaccine because I have been previously vaccinated against Hepatitis B or have natural immunity from past infection.

☐ I decline Hepatitis B vaccine at this time for other reasons. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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.

☐ I would like to get the Hepatitis B vaccine. I will contact University of Maryland Immediate Care at 667-214-1899 or use the scheduling link <https://www.umfpi.org/immed-care-covid-d> and make arrangements with my supervisor for payment.

Employee Name: _____

Employee Signature: _____

Date: _____