

Appendix Q

Please PRINT Faculty, Staff or Student Name

Date

NOTIFICATION OF OFFER OF HEPATITIS B IMMUNIZATION SERIES DURING BIOSAFETY OR BLOODBORNE PATHOGEN TRAINING

INSTRUCTIONS

- All investigators or staff conducting research activities in a BSL2 or BSL3 laboratory must complete this form. Investigators or staff working in (lower level) BSL1 research laboratories are not required to complete this form.
- Print your first and last name on the field at the top of this form.
- Section I: Review the three checkboxes and check the box(es) that apply to research activities in your laboratory.
- Section II: **ONLY COMPLETE IF YOU HAVE CHECKED THE “DECLINE” CHECKBOX** in Section I: Print your name, review the paragraph of information provided, sign your name, and indicate the date of signature.
- This form must be returned to Sally Beattie by campus mail or to beattiesa@missouri.edu .

SECTION I:

My laboratory research activities involve the use of potentially infectious material(s) but **DO NOT** involve the use of human blood, tissues, or cell lines. I will work with my Principal Investigator or Lab Manager to complete enrollment in the MU Occupational Health & Safety Program (OHSP).

My laboratory research activities **DO** involve the use of human blood, tissues, or cells (such as HEK-293, HeLa, or other human cells). I will contact the MU OHSP Nurse Practitioner to discuss receiving the Hepatitis B immunization series or to discuss the dates of my previous Hepatitis B immunization series. I understand a titer check may be recommended to confirm immunity to the Hepatitis B virus.

I **DECLINE** enrollment in the MU OHSP and decline the Hepatitis B vaccine offered by the program (You must complete Section II below).

SECTION II:

ONLY COMPLETE THIS SECTION IF YOU CHECKED THE DECLINE CHECKBOX ABOVE.

I _____ (please print) 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 notified during biosafety or bloodborne pathogen training, on the date noted below, of 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 by declining the 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.

Employee
Signature _____

Date _____