

UNIVERSITY OF FLORIDA  
**BLOODBORNE PATHOGEN PROGRAM**  
 for individuals having contact with  
**HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS**  
**Training and Vaccination Form**  
**Acceptance/Declination Statement**

1.  I have received training on 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                      Trainer

2. In full recognition of the above

I accept participation in the vaccination series and have not yet been vaccinated.  
**Take a copy of this form to the Student Health Care Center (see info below) to begin the vaccination series.**  
**Jacksonville personnel go to the Employee's Health Office, Suite 505 Tower 1, 5th floor, 8th and Jefferson Streets.**

I received the HBV vaccination series on \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_.  
 (dates)

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.

Signature	Name (Please print)	Date
UF ID #	Position Title (Official UF)	Position #
Department	Campus Mailing Address	Phone
<b>Supervisor/PI Signature</b>	<b>Supervisor/PI Name (Please print)</b>	Date

**Please Note: This form, completed in full, is required to get a HBV vaccination at the Student Health Care Center and to decline vaccination if desired. Photocopy this form as needed.**

Main Office for Occupational Health:  
**Student Health Care Center at the Health Center Dental tower**  
 D2-49 392-0627  
 Call for appointment

Satellite office:  
**Student Health Care Center - Infirmary**  
 392-1161 x4212  
 Call for appointment