

# Office of Environmental Health & Radiation Safety

## Hepatitis B Vaccine Notification Form

Columbia University  
Office of Environmental Health and Radiation Safety  
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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 have declined the Hepatitis B 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.
- Yes, I wish to be vaccinated against Hepatitis B.
- I have already received the Hepatitis B vaccine. Please review my status.

***Please return the completed form to your department office.***

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Daytime Phone (8:30 am – 5:00 pm): \_\_\_\_\_

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_