SKIDMORE
COLLEGE

Hepatitis B Virus (HBV) Vaccination Status Record

Please indicate your Hepatitis B vaccine status below by signing the option that applies to you. Please return the form to: Michelle Lapo, RN, Health Services

_____ _____ _____
Name DOB Department/Job title

OPTION 1 (Completed the vaccine series):

_____ I have completed my HBV vaccinations through Skidmore College or an outside facility.

Date of vaccinations: HBV #1_____ HBV #2_____ HBV #3 _____

Dates unknown: _____

_____ _____
Signature Date

OPTION 2 (Need the vaccine):

I would like to receive the HBV vaccination series and will call Health Service to discuss when to come in.

_____ _____
Signature Date

OPTION 3 (Decline the vaccine):

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 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 decide I want to be vaccinated against Hepatitis B, I can receive the vaccination series at no charge to me.

_____ _____
Signature Date