



Environmental Health and Safety
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EHS BLOODBORNE PATHOGEN PROGRAM (29 CFR 1910.1030)

**HEPATITIS B VACCINATION/DECLINATION
FORM (29 CFR 1910.1030 (f)(1) and (f)(2)(iv))**

The University of Massachusetts Lowell in compliance with the OSHA "Bloodborne Pathogen Standard" offers the Hepatitis B Vaccine (HepB) to employees with potential for exposure to bloodborne pathogens.

As an UMass Lowell employee, you have the option to receive the HepB at no cost to you. Please print your name and indicate your interest in receiving HepB by checking one of the options below.

Sign and date this form and return it to the Biosafety Officer at biosafety@uml.edu

I, (name) _____ Date _____
Job title (Employee/Student) _____ Supervisor _____
Department _____ Building-Room # _____
E-mail (Employee/Student) _____

- N/A - My job does not involve contact with blood or other human body fluids
 - Yes, I want to receive the HepB vaccination
 - I have already received the HepB vaccination
 - No, I am not interested in receiving the Hep B vaccination. I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline 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 the Hepatitis B vaccine, I can receive the vaccine series at no charge to me
- 29 CFR 1910.1030(f)(2)(iv)

Signature: _____ Date: _____

By writing my name I certify that I have read and revised all information provided on this document.

Note: EHS personnel will coordinate HepB Vaccination for employees covered by the UMass Lowell Bloodborne Pathogens Program. If you have any questions, contact EHS 978-934-2618.