



WASHINGTON STATE UNIVERSITY
Human Resource Services

WASHINGTON STATE UNIVERSITY
 Vaccine Declination and Documentation Form

Please return form to: Human Resource Services (HRS)
 Electronic (scan or photo): HRS.Disabilityservices@wsu.edu
 OR Fax: 509-241-9090
 Office Location: 139 French Administration Bldg.
 OR Mailing address: PO Box 641014, Pullman, WA 99163
 Questions? Call HRS at: 509-335-4521

A DEPARTMENT INFORMATION	
Department Name (please print)	
Department Instructions: Washington State University is required to provide training and information on occupational exposure to Blood borne pathogens in accordance with WAC 296-823. <ul style="list-style-type: none"> • Complete the Department Name section above • Provide the form to the employee <u>prior to</u> performing duties involving potential exposure to bloodborne pathogens including but not limited to Hepatitis B exposure. • Once the completed form is returned to you by the employee, provide the original completed form and any accompanying medical documentation to HRS. Do not retain a copy of the form or medical documentation. Maintain a record of having offered vaccination and the employee having completed the form but do not record vaccination status. 	
B EMPLOYEE INFORMATION	
Name of Employee (please print)	WSU ID
Employee Instructions: Based on my assigned duties I have been advised there is potential occupational exposure to Hepatitis B. I have been further advised by my department that WSU makes the Hepatitis B vaccine available to employees with potential occupational exposure to Hepatitis B, free of charge. The vaccine shall be available at a reasonable time and location during working hours at no cost to the employee and administered by a Licensed Healthcare Professional (LHCP). I have been notified, and understand I may elect to decline vaccination and document my declination below. <ul style="list-style-type: none"> • Once reviewed and completed, return this form to your supervisor verifying vaccination status, documenting request to receive vaccine as provided for by WSU, or declining vaccination. 	
D EMPLOYEE VACCINATION STATUS	
Please select one of the following:	
<input type="checkbox"/>	I am vaccinated for Hepatitis B.
<input type="checkbox"/>	I elected to receive the hepatitis B vaccine provided by WSU at no cost to me. I understand my Supervisor, Principal Investigator or their designee will provide instructions for accessing a LHCP to receive the vaccine.
<input type="checkbox"/>	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 vaccine, I can receive the vaccination series at no charge to myself.
E EMPLOYEE CERTIFICATION	
I certify the above is true and correct. I (the undersigned employee) 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. Regardless of which option I choose, I will not be subject to any disciplinary or negative employment action based on my choice.	
Employee Signature	Date