



**ACCEPTANCE/DECLINATION OF
HEPATITIS A VACCINATION**

Occupational Medicine Program

The Student Health Care Center (SHCC) has recommended that University of Florida law enforcement officers receive Hepatitis A vaccination.

1. The SHCC has provided me information on the risks of Hepatitis A on _____
Date
2. In full recognition of the above,
 - I accept participation in the vaccination series.
Take a copy of this form to the Student Health Care Center (see info below) to begin the vaccination series.
 - I received the Hep A vaccination series on _____, _____
Date Date
 - I decline participation in the vaccination series.

I understand that due to my potential occupational exposure to hepatitis A, I may be at risk of acquiring hepatitis A. I have been given the opportunity to be vaccinated with hepatitis A vaccine, at no charge to myself. However, I decline the hepatitis A vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis A. If, in the future, I elect to be reconsidered for this vaccine, I may receive the vaccine at no charge to me.

Signature	Name	Date
UFID	Position Title (Official UF)	Position #
Department	Campus Mailing Address	Phone
Supervisor Signature	Supervisor Name (Print)	Date

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

Student Health Care Center at the Infirmary
 1 Fletcher Drive
 392-1161 x 4212