

## HEPATITIS B REQUEST/DECLINATION

Risk Management Department  
Lincoln Public Schools

Phone: 402-436-1760  
Fax: 402-458-3276

Submit to LPSDO, Box 14

☐ I hereby request the series of Hepatitis B vaccine injections.

☐ I hereby decline this series because: *(select appropriate response)*

☐ I have previously received the series of Hepatitis vaccine injections.

☐ I have a positive antibody titer.

☐ I should not receive the Hepatitis B vaccine for medical reasons.

☐ **By declining the HepB Series:**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infections. I have been given the opportunity to be vaccinated with Hepatitis B. I understand that if I am a Category I employee who has a daily risk of exposure, I can receive the immunization at no cost at the district designated facility. If I am a Category II employee who does not have a daily expectation of exposure, I can receive the immunization at the my personal cost. Category I and II employees are defined in the information distributed annually in the bloodborne exposure training. However, I decline this 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 B vaccine, I can receive the vaccination series at no charge to me if I am a Category I employee and at my personal cost if I am a Category II employee.

If you do not receive an email from Risk Management within one week of requesting the HepB Series, please contact your supervisor.

\_\_\_\_\_  
Employee Name (printed/typed)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
School (printed/typed)

\_\_\_\_\_  
Position (printed/typed) \*Note if Special Education

\_\_\_\_\_  
(Non-Electronic) Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Non-Electronic) Authorizing Person's Signature

\_\_\_\_\_  
Date

### RISK MANAGEMENT USE ONLY

☐ Designated facility notified on: \_\_\_\_\_

☐ Employee notified on: \_\_\_\_\_