



Hepatitis B

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 infection. I have read the informational material sent to me by Monroe Community College.

I have decided to: (please check one)

_____ have my physician administer the vaccine. I will provide MCC Health Services with proof of each injection within one week of receiving it, for a total of three doses.

_____ decline the vaccine at this time. I understand that 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 wish to be vaccinated with the Hepatitis B vaccine, I can receive this vaccine from my physician or from the health care agency that employs me.

_____ I have already received a series of three Hepatitis B vaccines and will provide MCC Health Services with verification of this.

Signature:

Print Name:

Social Security No.:

Date:

RETURN TO:

MONROE COMMUNITY COLLEGE
HEALTH SERVICE DEPARTMENT
1000 E. HENRIETTA ROAD
ROCHESTER, NY 14623
FAX: (585) 292-3856