

APPENDIX B

University of Maryland, Baltimore

EMPLOYEE HEPATITIS B VACCINE DECISION (MANDATORY)

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 (HBV) infection.

† I decline the vaccine because I have been previously vaccinated against Hepatitis B or have natural immunity from past infection.

†

I would like to get the Hepatitis B vaccine. I will contact University of Maryland Immediate Care at 667-214-1899 or use the scheduling link <https://www.umfpi.org/immed-care-covid-d> and make arrangements with my supervisor for payment.

Employee Name: _____

Employee Signature: _____

Date: _____