

The hepatitis B vaccination is provided free of charge to USC employees who are exposed to human material including blood, blood products, body fluids, tissues, cell lines, or other potentially infectious material (OPIM) in the course of conducting their job responsibilities.

Federal regulations require that employers notify employees who are “at risk” that they have the right to be vaccinated. Although vaccination is optional, employers are required to confirm that affected employees have been notified of this right.

**Vaccinations**

**HSC:** USC Pharmacy Clinic at the Medical Plaza Pharmacy  
1510 San Pablo Street, Suite 144  
For vaccination: Walk-in, M-F 10 am -12 pm and 2-4 pm

**UPC:** USC Student Health at Engemann,  
Immunization Clinic, Rm 145  
1031 W. 34<sup>th</sup> Street,  
(213) 740-1163  
M, T, Th 8:30 am-4:30 pm  
W & F 9:30 am-4:30 pm

**Titers**

**HSC:** For titer: Call 323-442-5992 and leave a message for an appointment. You may call M-F 9am-4:30 pm.

**UPC:** (same as above)

- I am a student and understand that the USC Hepatitis B Program does not provide the vaccine for me. I have been advised to seek assistance through Student Health Services or my own medical insurance provider.
- I have previously completed the hepatitis B vaccination series.
- I accept the offer of the hepatitis B vaccination. I understand that it will be provided at no charge to me and that it is comprised of a series of three inoculations.
- I wish to have a blood sample drawn for an antibody titer
- 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 have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination 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.

**Additional Attestations**

- ❖ I understand that my acceptance or refusal to be vaccinated does not affect my USC health benefits or employment status.
- ❖ I recognize that I will be required to follow established safety procedures regardless of my vaccination status.
- ❖ I understand that the University of Southern California is not liable for pre-existing infections that any employee has at the time of his or her employment with the University.
- ❖ I understand that I also have the right to be tested for HIV if I am exposed to blood or bodily fluids. However, the HIV test will be conducted separately only upon my request, and not as part of the hepatitis B screening process.

Employee Name:		Employee Identification Number:	
Employee Signature:		Telephone:	
Email:		Date:	
Authorized by:	Signature:	Date:	

**BILL ONLY TO:**

**Lilian Rodriguez  
USC EH&S Occupational Medicine Program  
2001 N. Soto Street, SBA 329  
Los Angeles CA 90032**

**DO NOT BILL INDIVIDUAL**