



Hepatitis B Vaccination/Titer Authorization Form

This form authorizes the below named person to receive a Hepatitis B Vaccination or Titer at the University of Notre Dame Wellness Center due to their potential occupational exposure to blood or other potentially infectious materials.

Personnel Information

NAME DEPARTMENT

SIGNATURE DATE

Authorizing Supervisor Information

NAME TITLE

SIGNATURE DATE

Please check one: Vaccine Titer

Submit completed form to:
Notre Dame Wellness Center University of Notre Dame 100 Wellness Center
Notre Dame, IN 46556
Phone: (574) 634-9355
Secure Fax: (574) 631-3377

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