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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