

UNIVERSITY OF FLORIDA  
**BLOODBORNE PATHOGEN PROGRAM**  
 for individuals having contact with  
**HUMAN BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS**  
**Training and Vaccination Form**  
**Acceptance/Declination Statement**

1. Annual training regarding the risks of working with human blood or other potentially infectious materials (OPIM) as outlined in the University of Florida's Bloodborne Pathogen Program is required. I acknowledge that this training is required annually but completion of this form is only required ONCE.

I have completed the online training program in my Training.

2. In full recognition of the above

I accept participation in the vaccination series and have not yet been vaccinated.

**Take a copy of this form to the Student Health Care Center (see info below) to begin the vaccination series.**

**Jacksonville personnel go to the Employee's Health Office, Suite 505 Tower 1, 5th floor, 8th and Jefferson Streets.**

I received the HBV vaccination series on \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_.  
 (dates)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name (Please print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 UF ID #

\_\_\_\_\_  
 Position Title (Official UF)

\_\_\_\_\_  
 Position #

\_\_\_\_\_  
 Department

\_\_\_\_\_  
 Campus Mailing Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Supervisor/PI Signature

\_\_\_\_\_  
 Supervisor/PI Name (Please print)

\_\_\_\_\_  
 Date

**Please Note: This form, completed in full, is required to get a HBV vaccination at the Student Health Care Center and to decline vaccination if desired. Photocopy this form as needed.**

Main Office for Occupational Health:  
Student Health Care Center at the Health Center Dental tower  
 D2-49 392-0627  
 Call for appointment

Satellite office:  
Student Health Care Center - Infirmary  
 392-1161 x4212  
 Call for appointment