

Hepatitis B Vaccination/Hepatitis B Vaccine Waiver/Exemption**Prerequisites for Access to BSL-2 Laboratories Handling Human Blood or Other Potentially Infectious Materials**

Before accessing any laboratory area that is a BSL-2 entity where human blood/other potentially infectious materials (OPIM, e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva or urine contaminated with blood, and human cells/tissue), are stored or worked with, individuals must meet ONE of the following prerequisites:

1) Hepatitis B Vaccination

It is highly recommended that all employees with occupational exposure to bloodborne pathogens (BBP) through handling human blood/OPIM receive Hepatitis B Vaccination. The proof of Hepatitis B vaccination needs to be sent to [Occupational Health Nurse](#).

2) Hepatitis B Vaccine Waiver

If the employee refuses Hepatitis B Vaccination, he/she must sign a *Hepatitis B Vaccine Waiver* ([Form 8-29](#)) and send it to [Occupational Health Nurse](#).

3) Exemption Form

If you work in an area where human blood or OPIM are worked with or stored, but are currently exempt from handling any human blood/OPIM as part of your duties/line of study, please sign below:

I, _____ by signing this form declare that I have been informed by training ([Bloodborne Pathogens \(BBP\) for Laboratory Research Personnel Training](#)) about BBP, and I am aware that BBP, including hepatitis B virus (HBV), human immunodeficiency virus (HIV), and other BBP, can cause hepatitis B, a serious liver disease, and acquired immunodeficiency syndrome (AIDS), a disease of the human immune system. However, I am currently exempt from handling any above mentioned materials that could harbor BBP, and exposure to BBP is minimal. When/if my duties or line of study change and there could be anticipated exposure to BBP, I acknowledge that I have the responsibility to inform the Environmental Health and Safety Office (EH&S) about the change before the change takes place.

Signature: _____

Faculty Staff Employed Student Student

PI Name: _____

PI Signature: _____

Department: _____

Date: _____

Send completed form to EH&S at Box 19257 or ehsafety@uta.edu.