Hepatitis B Vaccination Request Form

SCHEDULING AND BILLING

Complete and sign this form and obtain your supervisor's authorizing signature to allow for transfer of vaccination-related expenses from the Santa Cruz Occupational Medical Center (SCOMC) to your department. Contact the SCOMC at 831-457-7118 to schedule an appointment for Hepatitis B vaccination.

SCOMC is located at: 610 Frederick St
Santa Cruz, CA 95062

REQUEST FOR HEPATITIS B VACCINE

I have been given the opportunity to be vaccinated with hepatitis B vaccine. I would like to receive this vaccine if I am not already immune.

_____ _____
Employee's Signature Date

SUPERVISOR AUTHORIZATION FOR EMPLOYEE HEPATITIS B VACCINE

The listed UCSC employee may have occupational exposure to human blood or other potentially infectious materials and is authorized to receive the hepatitis B vaccine series.

_____ _____
Supervisor or PI's Signature Date

EMPLOYEE NAME: _____
PHONE NUMBER: _____
EMAIL: _____
SUPERVISOR: _____
DEPARTMENT: _____
MAILSTOP: _____

SANTA CRUZ OCCUPATIONAL MEDICAL CENTER

Send itemized billing to: Environmental Health & Safety Trailer, Attn Biosafety Officer
University of California Santa Cruz
1156 High Street
Santa Cruz, CA 95064
Phone: 831-459-2553