

Hepatitis B Vaccination Request Form

SCHEDULING AND BILLING

Complete and sign this form and obtain your supervisor's authorizing signature to allow for billing of vaccination related expenses to your supervisor.

Contact UrgencyMED at (831) 704-3030 Monday – Friday 8:30 AM – 5:00 PM to schedule an appointment for your Hepatitis B vaccination.

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: _____

UrgencyMED is located at 140 Summa Court in Aptos, CA 95003