

**PRINCETON UNIVERSITY BIOSAFETY COMMITTEE
NOTICE AND ACKNOWLEDGEMENT:
EXPOSURE TO
BLOODBORNE PATHOGENS**

I acknowledge and agree to the following:

1. I understand that my research, study, or employment at Princeton University may expose me to bloodborne pathogens and the risk of acquiring hepatitis B virus (HBV) infection.
2. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, if I decline hepatitis B vaccination at this time, I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I understand that I may make such a request and will receive the vaccination series at no charge to me.
3. I have been provided with the necessary information, training, and instructions to appreciate and understand the risks involved and the necessary precautions of working with these potentially contaminated materials. I have had the opportunity to ask questions concerning this document and the matters discussed herein, and all of my questions have been answered to my satisfaction.
4. Based on the information I have received, I willingly assume the risks attendant to my research, study, or employment and agree to undertake the necessary and proper precautions and procedures for my protection.

I do not wish to be immunized against hepatitis B virus.

*****I have been previously immunized. (List dates below)

1) _____ 2) _____ 3) _____

I wish to receive the hepatitis B vaccination series given free of charge at McCosh Health Center.

Name: _____ "P gwf <aaaaaaaaaaaaaaaaaaaaaa"Fcvg<aaaaaaaaaaaaaaaaaaaaaa"

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Employee *****Uwf gpv%wpf gti tcf +ercui'qh'aaaaaa*****i tcf +ercui'qh'aaaaaa*****Hcewn{ ""
