

University of South Florida  
Student Health Services

**Process for Employees to receive Hepatitis B Immunization**

1. Supervisors will be given the Hepatitis B Immunization Informed Consent Form.
2. The employee or supervisor should call 974-2331 and make an appointment for the employee between 8am and 11am.
3. The supervisor should complete the chartfield string on the bottom of the form and give the form to the employee.
4. The employee will complete and sign the form and bring it with them to their appointments.
5. The nurse will complete the clinical information (bottom box on form) scan the information into the medical record and give the original back to the employee for documentation for the department.
6. The employee/supervisor will schedule their return appointment and repeat the steps above.

**Call (813)974-2331 to schedule an appointment**

Date of Initial Appointment: \_\_\_\_\_

2<sup>nd</sup> Appointment (if needed): \_\_\_\_\_

3<sup>rd</sup> Appointment (if needed): \_\_\_\_\_

## Hepatitis B Immunization Informed Consent for USF Employees

**Authorization for Release of Information:** The Provider (through its employees or contracted copying services) may disclose the patient's medical record and account to:

1. Any person or corporation which is or may be liable for all or any portion of the patient's charges, including but not limited to insurance companies, health care service plans, and worker's compensation carriers to the extent necessary to determine insurance benefits, liability for payment and to obtain reimbursement.
2. Any referring physician to ensure continuity of medical care.
3. Other treatment providers within the USF College of Medicine/USF Physicians Group. (The USF Medical Clinics combine all records pertaining to each individual patient in one file, in the event a patient is seeing more than one Provider within the USF College of Medicine/USF Physicians Group.)

I have received a vaccine information fact sheet and had the opportunity to read the information and ask questions regarding the vaccine(s). I understand I may elect not to have the vaccine(s) given to me/my child, and if so, the chance of acquiring the disease(s) indicated is significantly increased.

\_\_\_\_\_  
Signature of Employee/Patient

\_\_\_\_\_  
Date

Last/Family Name	First/Given Name	U#
Street Address	Phone Number	
City, State, Zip	Date of Birth (MM/DD/YYYY)	
Email Address	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TM <input type="checkbox"/> TF	
Race: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		

-----For Clinical Staff only-----

Hepatitis B	Hep 1	Hep 2	Hep 3	Or Titer*
Dates Given (MM/DD/YY)				
Lot#/Expiration Date				
Injection Site/Staff Initials				

\*It may take up to TWO WEEKS to obtain your results. Only positive lab results are accepted. If you titer results are negative, you will need to receive vaccinations.

-----For Office Use only-----

**SHS CHARTFIELD STRING INFORMATION**

<b>Operating Unit</b>	<b>Department ID</b>	<b>Fund</b>	<b>Product</b>	<b>Initiative</b>	<b>Account</b>
TPA	043000	04301	SAH010	0000000	44580

**\*\*\* CHARTFIELD STRING for Employee's Department (Required in Order to Process)\*\*\***

<b>Operating Unit</b>	<b>Department ID</b>	<b>Fund</b>	<b>Product</b>	<b>Initiative</b>	<b>Account</b>