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.
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
Street Address
City, State, Zip
Phone Number
Email Address
Gender     ☐ Male     ☐ Female
Hispanic Origin     ☐ Yes     ☐ No
Race:     ☐ African American ☐ American Indian ☐ Asian/Pacific Islander ☐ White ☐ 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 your titer results are negative, you will need to receive vaccinations.

For Office Use only

SHS CHARTFIELD STRING INFORMATION

Operating Unit  Department ID  Fund  Product  Initiative  Account
TPA  043000  04301  SAH010  0000000  44580

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

Operating Unit  Department ID  Fund  Product  Initiative  Account