

**OKLAHOMA STATE UNIVERSITY**  
**University Health Services**  
**Authorization Form for Hepatitis B Vaccination**

Please fill out the following information prior to receiving the hepatitis B vaccination. Bring the COMPLETED form with you or send to UHS:

Campus mail – Beth Farquhar, University Health Services  
Email – [beth.farquhar@okstate.edu](mailto:beth.farquhar@okstate.edu)  
Fax – (405)744-6556  
Questions – (405) 744-7666

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring the Hepatitis B virus infection and do consent to receive this vaccination.

(print name): \_\_\_\_\_

(CWID): \_\_\_\_\_

(title): \_\_\_\_\_

(date): \_\_\_\_\_

(signature): \_\_\_\_\_

Department: \_\_\_\_\_

Account # to bill: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_

Department contact person: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

Contact's campus address: \_\_\_\_\_