



ROCHESTER INSTITUTE OF TECHNOLOGY
Hepatitis B Vaccination Request Authorization Form

This notice serves to verify that the individual identified below is employed by RIT in a position which is covered under the OSHA Bloodborne Pathogen Standard, and is therefore entitled to a hepatitis B vaccination (HBV) at no charge to the employee.

Employee Name: _____

Employee Job Title: _____

AUTHORIZATION

Employee's Department Head or Supervisor: _____

Return this form to the EH&S Department (Building 99) or fax to 585-475-2966. Copies of the vaccination forms will be forwarded to the department supervisor. The completed form is to be taken by the employee to the Student Health Department when going to get a HBV shot.