|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University of Glasgow logo | Hepatitis B Vaccination Request | | | | |
| This form **must** be completed by the Head of School / Institute / Service **or** the Direct Line Manager / Principal Investigator for all staff or students who require Hepatitis B vaccination.  **Note: Hepatitis B request forms must be accompanied by a fully completed risk assessment form covering the activity or undertaking for which Hepatitis B is required.**  **Note: When attending an appointment for vaccination the employee must bring with them details of previous vaccinations for Hepatitis B.** | | | | | |
| **Details of the individual who requires Hep B vaccination** | | | | | |
| **Full Name** | |  | | | |
| **Date of Birth** | |  | | | |
| **Job Title / Student Status** | |  | | | |
| **Staff / Student Number** | |  | | | |
| **School / Institute / Service** | |  | | | |
| **Location** | |  | | | |
| **Contact Telephone Number** | |  | | | |
| **Contact E-mail Address** | |  | | | |
| **Details of budget holder as costs will be charged back to this project** | |  | | | |
| **Currently the cost is £150** | | | | | |
| **Signature of Budget code holder** | | |  | | |
| **Project code to be charged to** | | |  | | |
| **Has risk assessment been attached?** | | | **Yes** | | **No** |
| **For OH use only** | | | | | |
| **Hepatitis B Vaccination Agreed?** | | | **Yes** | **No** | |
| **Signature** | | |  | | |
| **Date** | | |  | | |

**Completed forms (and risk assessments) should be returned to: Occupational Health Unit**

**63 Oakfield Avenue**

**Glasgow, G12 8LP**

**Telephone: 0141 3307171**

**E-Mail: ohu@admin.gla.ac.uk**