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| 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**