

PURDUE UNIVERSITY
Bloodborne Pathogens Exposure Control Plan

Department Hepatitis B Vaccination Eligibility List

Instructions:

- Use the “Submit by Email” button or return to REM via campus mail (BSO/REM/HAMP).
- *Use a separate form for each account number to be billed.*

Department	Fund	Cost Center	G/L

The following employees are eligible to receive HBV vaccinations:

Name <small>(Please Print)</small>	Purdue University Identification Number	Job Title	Supervisor’s Name <small>(Please Print)</small>	Supervisor’s Phone #

Contact Person: _____ Telephone: _____ Email: _____

Employees are approved to receive the Hepatitis B vaccination series at their request and their department’s expense.

Approved by REM Representative: _____ Date: _____

Page ___ of ___ for this group of employees.