

HEPATITIS B VACCINATION

Name: _____
(Please Print)

Maiden Name (if applicable): _____

Date of Birth: _____ Primary Building Location: _____

Please select one of the following options.

I. CONSENT FOR THE HEPATITIS B VACCINATION:

I understand that due to my potential occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. I have received information about the risks of Hepatitis B viral infection and the Hepatitis B vaccination series. I have had an opportunity to ask questions of a professional and understand the benefits and risks of the vaccination series. I understand that I must receive all three doses of the vaccine to obtain immunity. However, as with all medical treatment, I understand that there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. **I give my consent to be vaccinated for Hepatitis B.**

Signature of Employee _____
Date

II. REFUSAL TO RECEIVE HEPATITIS B VACCINATION:

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, **I decline Hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have potential occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee _____
Date

III. WAIVER OF HEPATITIS B VACCINATION SERIES:

I do not wish to receive the Hepatitis B vaccination series at this time because:

- ____ A. I have already started the series.
- ____ B. I have already completed the series.
- ____ C. I have undergone antibody testing that indicates I am immune to Hepatitis B.
- ____ D. I am unable to receive the vaccination due to personal medical reasons.
- ____ E. The Hepatitis B vaccination is contraindicated (inadvisable) at this time due to consultation with a health care professional.

Signature of Employee _____
Date