



Hepatitis B Vaccine Consent/Declination

CONSENT - RECORD OF CONSENT FOR HEPATITIS "B" VACCINATION (This Section is OPTIONAL)

I have attended the in-service training on the blood borne pathogens program regarding HIV, Hepatitis B, and the Hepatitis B vaccine. I have also read the in-service training literature and have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand I must have at least three doses of vaccine over a six month period to confer immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. *You must complete the whole series within the six months.*

I request that the Hepatitis B vaccine be administered to me.

Employee Name

Department

Employee Signature

Date

DECLINATION - RECORD OF HEPATITIS "B" VACCINE DECLINATION (This Section is MANDATORY if employee declines vaccine)

I understand that due to my 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 me. 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 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 by notifying the Human Resources Department.

Employee Name

Department

Employee Signature

Date