

HEPATITIS B IMMUNIZATION CONSENT/WAIVER

Employee Name: _____ 800# _____

Position: _____ Dept: _____

I completed the Bloodborne Pathogens education and training protocol on _____ and have had an opportunity to ask questions and to understand the benefits and the risks of the Hepatitis B vaccine and also:

Understand a series of three injections of hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity.) I also understand that there is no guarantee that I will become immune and that there is a possibility that I may experience adverse side effects(s) from the vaccine.

If I do not become protected from receiving this vaccine, or if I choose not to receive the vaccine at this time, I understand that I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.

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 the hepatitis B vaccine, at no charge to myself. I understand that if I decline 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have been advised that studies have not been conducted to determine the effect on the developing fetus. Therefore, the safety of the vaccine on the developing fetus is not fully known.

CONSENT TO VACCINATION

I have read the above or have had it read to me, and understand the above information and wish to receive the hepatitis B vaccine series (three doses). Also, I have no known sensitivity to yeast.

Signature _____

Date: _____

DECLINE VACCINATION

I have read the above or have had it read to me, and understand the above information and do not wish to receive the hepatitis B vaccine series (three doses) at this time.

Signature _____

Date: _____

Witness: _____

Date: _____

Reason for Declining: (Optional): _____

_____ I have already had the Hep B Vaccine Previously. Location & Dates/Year received if known:

Please complete, sign & date & return to Risk Management at Unit 8318