

**Hepatitis B Vaccination
Consent Form**

I understand the benefits and risks of Hepatitis B vaccination. I understand that I must receive at least three (3) intramuscular doses of vaccine in the arm over a 6-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

Hepatitis B vaccine will be made available at no charge to employees having occupational blood exposure.

I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent.

I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts. In addition, I can withdraw from the vaccination regimen at anytime.

I desire that my employer provide the required three (3) doses of Hepatitis B vaccine.

Print Name

Social Security Number

Signature

Date

**Hepatitis B Vaccination
Declination Statement**

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 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 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 upon completion of a Consent Form.

Employee Signature

Date

Employee Name (please print)

Please check here if you've already received the Hepatitis B Vaccination series.