

HEPATITIS B VACCINE PROGRAM

- 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.
- I have already received the Hepatitis B Vaccine series. Date Completed: _____
- I am requesting to receive the Hepatitis B Vaccine. (Complete consent in box below **only** if this option is checked.)

Print Name: _____ Date of Birth: _____

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

HEPATITIS B VACCINATION CONSENT

Fill this part out **ONLY** if you are requesting the Hepatitis B Vaccine

I have been provided with information on the Hepatitis B vaccine and have been evaluated by an agency health professional. I have had the opportunity to ask questions about the benefits and risks of Hepatitis B vaccination. I also understand that there is no guarantee that I will become immune and that there is a possibility that I will experience an adverse side effects from the vaccine.

- I am NOT allergic to yeast or yeast byproducts.
- I am NOT currently immunosuppressed, neither by disease or medication.

For women: I have been advised that studies have not been conducted to determine the effect of the vaccine on a developing fetus. Therefore, the safety of the Hepatitis B vaccine relating to the developing fetus is currently unknown.