

Environmental Health and Safety

Hepatitis B Vaccination Consent/Declination Form

As an employee having occupational exposure to potentially infectious materials, you have the right to receive the Hepatitis B vaccinations series, free of charge to you. Please read and complete this form by marking the appropriate statement, adding the information requested, and signing where indicated.

CONSENT: As an individual having occupational exposure to blood and other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed about and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my employer). I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine. I accept the offer at this time.

DECLINATION: I understand that due to my occupational exposure to blood and 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 by contacting Health Services.

Employee Signature: _____

Employee Name: _____

Employee ID#: _____

Department: _____

Date: _____

VACCINATION RECORD

(to be completed by Health Services)

Date of Vaccination Lot Number Expiration Date Given By

1st Dose _____

2nd Dose _____

3rd Dose _____