

**STATEMENT OF ASSUMPTION OF RISK  
AND RELEASE FROM LIABILITY FOR HEPATITIS B**

**DEPARTMENT OF NATURAL RESOURCES  
GEORGIA STATE PARKS AND HISTORIC SITES**

I have been advised by the Georgia Department of Natural Resources, Parks & Historic Sites Division that I should participate in hepatitis B serologic screening and immunization for high risk employees.

I understand that I am a high risk employee because I am subject to occupational exposure to hepatitis B. I understand that hepatitis B vaccine will be given to me if screening test results indicate no previous infection from hepatitis B virus. The vaccine is 80–95% effective in providing protection when the complete series of three doses of vaccine is given. I further understand that in addition to the acute illness, hepatitis B virus infection can lead to a chronic carrier state, chronic hepatitis, and cirrhosis, and increases the risk of liver cancer. I understand that there is no effective treatment or cure of hepatitis B. I hereby acknowledge that hepatitis B serologic screening is available and has been offered to me as a deterrent to that risk and for my protection.

I understand that if I do not elect to participate in hepatitis B serologic screening and immunization I am assuming the risk of hepatitis B infection and all of the above complications so long as I remain as a high risk employee. I further understand that if I do not elect to participate in hepatitis B serologic screening and immunization I cannot hold the Department of Natural Resources or representative financially responsible should I develop acute or chronic hepatitis B or any of its complications. With that understanding and being fully informed of the risks assumed by me, I elect not to participate in hepatitis B serologic screening and immunization.

Therefore, I hereby acknowledge my understanding of and assumption of the risks involved in not participating in hepatitis B serologic screening and immunization.

I certify that I am 18 years of age or older and am legally and medically competent.

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Birth date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_