

# Hepatitis B Immunization

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

## Employee Consent to Hepatitis B Vaccination

I understand that as a result of my position I may be exposed to the hepatitis B virus through exposure to blood or other potentially infectious materials. I hereby give my consent to receive the hepatitis B vaccination series and certify that:

- I have received a copy of the hepatitis B information sheet and understand the contents thereof.
- I received training relative to the hepatitis B virus prior to accepting the hepatitis B vaccination.
- I was examined by a licensed healthcare professional prior to receiving the hepatitis B vaccination.
- I received the hepatitis B vaccination at no cost to me; and
- I received training and information about the facility's hepatitis B immunization policies and procedures.

Date \_\_\_\_\_

Comments:

## Employee Declination to Receive Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be a 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Witness

The original copy of this consent form must be filed in the employee's medical