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

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