

HEPATITIS B VACCINATION CONSENT/DECLINATION FORM

Please indicate your choice below and return to the Health-Safety Risk Management Office or fax to 518-762-6844. Fill out section 1 COMPLETELY if you wish to receive the Hepatitis B vaccination; section 2 if you do not wish to receive the vaccination (or if you have already received the complete series).

PLEASE NOTE THAT WE MUST RECEIVE THIS FORM BACK FROM YOU WITHIN 10 DAYS WHETHER YOU CONSENT OR DECLINE VACCINATION!

CONSENT

I understand the benefits and risks of the hepatitis B vaccination. I understand that I must receive at least 3 intramuscular doses of vaccine in the arm over a 6 month period to confer immunity. However, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I do understand that anyone with a known allergy to bakers yeast or other Hepatitis B Vaccine should not accept this vaccine. Hepatitis B vaccine will be made available at no charge to employees having occupational blood exposure. I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent. I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contract. In addition, I can withdraw from the vaccination regimen at any time. I desire that my employer provide the required three (3) doses of Hepatitis B vaccine.

Print Name	Date	Signature
Job Location	Phone:	

Please report previous Hepatitis B Vaccination activity below (indicate the exact dates if possible):

<input type="checkbox"/> I have received the series of hepatitis B shots in the past	Date: _____
<input type="checkbox"/> I have received a portion of the series in the past	Date: _____
<input type="checkbox"/> I have been tested for immunity from Hepatitis B in the past	Date: _____

DECLINATION

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 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. I may elect to have the vaccination at a future date.

Print Name	Date	Signature
<input type="checkbox"/> I have already received the Hepatitis B vaccination	From Medical Provider:	
Paid by employer:	Estimated date/year:	

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