

HEPATITIS B IMMUNIZATION CONSENT OR DECLINATION

HEPATITIS B VACCINE - ACCEPTANCE

I WANT TO RECEIVE the Hepatitis B Vaccine and I understand it is my responsibility to contact the Employee Health Nurse for an appointment. I have read and have had explained to my satisfaction, the administration of the vaccine including the risks, benefits and possible adverse effects associated with the vaccine.

Name (Please Print)		Signature	
Department	Date	Witness	

HEPATITIS B VACCINE - DECLINATION

Please sign if you **DO NOT** want the vaccine at this time.

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 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.

Name (Please Print)		Signature	
Department	Date	Witness	

PREVIOUS IMMUNIZATION/DISEASE

History of Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
History of Vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates
Number of Injections:			

Please submit documentation of above to the Employee Health Nurse as soon as possible.

HEALTH CARE PROFESSIONAL'S OPINION

This associate has been assessed and (circle one)should/should not receive the vaccine.

Date:	Health Care Professional's Signature:
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IMMUNIZATIONS GIVEN

	Date	Location	Lot #	Expiration
1 st dose:				
2 nd dose:				
3 rd dose:				
Post vaccination testing/date:	<input type="checkbox"/> Antibody positive		<input type="checkbox"/> Antibody negative (If negative, repeat vaccination)	
4 th dose:				
5 th dose:				
6 th dose:				
Post vaccination testing/date:	<input type="checkbox"/> Antibody positive		<input type="checkbox"/> Antibody negative	
If the employee had a negative titer after the 1 st 3 injections and refuses to take any additional injections, have him/her to sign here. I am aware that I do not have adequate immunity to Hepatitis B but I choose not to receive additional injections. I have been counseled about the risks.				
Employee signature:		Date:	Witness:	