

EXPOSED EMPLOYEE CONSENT/DECLINATION FORM

I understand that due to my significant exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus infection. I further understand that vaccination is recommended by the Center of Disease Control and the Occupational Health and Safety Administration. I have been given the necessary educational information to make a decision about receiving the vaccine and understand that I have been given the opportunity to receive it at no charge to myself.

INFORMED CONSENT

I want to participate in the Hepatitis B vaccination program. I have been informed of the possibility of adverse reactions to the vaccination and my questions have been answered to my satisfaction. I understand there is no guarantee that the vaccine will be fully effective and have been instructed how to prevent blood and body fluid exposures in the course of my work responsibilities.

Signature

Date

INFORMED REFUSAL

I choose not to participate in the Hepatitis B vaccination program 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. I have been instructed on how to prevent blood and body fluid exposures in the course of my work.

Signature

Date

I have already received the complete series of Hepatitis B vaccine (3 doses).

Year: _____

Location: _____

Signature

Date

A photocopy of this authorization shall be a valid as the original.