



Hepatitis B Vaccination Consent

As an employee having occupational exposure to potentially infectious materials, you will have the right to receive the Hepatitis B vaccination series, free of cost to you. Please read the Hepatitis B vaccination information sheet and complete this form by checking the box preceding the appropriate statement and signing, dating and indicating your social security number at the bottom. Thank you!

- Consent:** As a healthcare professional having occupational exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed about and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my current employer). I understand that I must have 3 doses to vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will not experience any adverse side effect from the vaccine. I accept the offer at this time.
- Declination (General):** 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, while actively working with Onward Healthcare, if 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 it at no charge to me.
- Declination (Specific):** I am declining the opportunity to receive the Hepatitis B vaccination series for the following reason: (please check one)
 - I have previously received the complete Hepatitis B vaccination series. **Please complete the Vaccination Record information below.**
 - Antibody testing has revealed I am immune to Hepatitis B. **Please send in documentation of titer.**
Titer Date: _____
 - The vaccine is contraindicated for medical reason.
Describe: _____
 - Other, explain: _____

Vaccination Record

Vaccination Record Dose	Date Vaccinated	Lot #	Expiration Date	Given By
Dose #1				
Dose #2				
Dose #3				

Employee Signature: _____

Name Printed: _____

Date: _____

Social Security #: _____