

Must be completed by Employee, and returned to the school

HEPATITIS B IMMUNIZATION CONSENT/WAIVER

Employee Name: _____

Employer's Name: _____

Employer's Address: _____

I attended the Hepatitis B Education and Training Class on ___/___/___ and:

1. I understand a series of **THREE** injections of the Hepatitis B vaccine is needed to be protected. (Occasionally, more vaccine is needed if the first series does not result in immunity.)
2. If I do **NOT** become protected from receiving the vaccine, or if I choose **NOT** to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.
3. 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 the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that in 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read and I understand the above information and wish to receive the hepatitis B vaccine series (three doses). Also, I have **NO KNOWN** sensitivity to **YEAST**.

Signature: _____ Date: _____

I have read and I understand the above information and **DO NOT** wish to receive the hepatitis B vaccine series (three doses) at this time.

Signature: _____ Date: _____

I received the hepatitis B vaccine series (three doses) on _____, _____, _____
(dates)

Signature: _____ Date: _____

A. Medical reason for employee not receiving vaccine ____ Yes ____ No

Explanation, if YES _____

B. Antibody Test Results _____