

Hepatitis B Immunization Consent/Refusal Form

Please check one:

Yes, I want to receive the Hepatitis B vaccine.

I read the information given to me about Hepatitis B virus and Hepatitis B vaccine and I had the opportunity to ask questions. My questions were answered.

I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a six month period. I understand that there is no guarantee that I will become immune to Hepatitis B. I understand that I might experience an adverse side effect as the result of the vaccination.

	<u>Date Given</u>	<u>Lot #</u>	<u>Administered By</u>	<u>Next Date Due</u>
1st Dose				
2nd Dose				
3rd Dose				

No, I don't want to receive the Hepatitis B Vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I **decline** Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease.

If in the future, I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge to me.

Employee Name

Facility

City, State, Zip

Address

Social Security Number

Telephone Number

Signature

Date

PRIVACY ACT INFORMATION

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