HEPATITIS B VACCINE CONSENT

NAME: _____________________________________________________________

ACCEPT

I requested the Hepatitis B vaccination offered by the Center. I have been informed of the risks and benefits of the vaccine. I have received a copy of the current CDC Vaccination Information Statement.

Signature: ________________________________________________________

Date: _____________________________________________________________

DECLINE

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.

I have received a copy of the current CDC Vaccination Information Statement.

In spite of the risks, I choose to exercise my right to refuse this vaccination.

As a result of my decision to decline the vaccination, I hereby release the Center from any liability for any injury, illness, damage, claims, or cause of action which arises or may arise in association with this decision.

I decline the Hepatitis B Vaccination after considering the risks and benefits. I have decided NOT to be vaccinated.

Signature: ___________________________ Date: _________________________

Witness Signature: ___________________________________________________

Note: If employee has received the vaccine from another employer or a physician, obtain the vaccination record for the Center files. See Exposure Control 70.3 Hepatitis B Virus Vaccine policy for details.