



Hepatitis B Vaccine

Employee Name: _____ Staff ID: _____

*Class I Employees Only
Mandatory for Employees working in Emergency Services*

Section 1: Employees at risk who wish to start vaccine series or receive a titer to Determine immunity.

I hereby give my consent to be vaccinated against the Hepatitis B Virus (HBV). I understand that these vaccinations are being offered to me because I am at risk of occupational exposure to HBV. I have been given information about HBV and the vaccination series, including: its efficiency, safety, and method of administration and benefits. I understand that the vaccinations can cause adverse reactions (most commonly, soreness at injection site, fever and/or flu like symptoms). I realize that I should not take this vaccine if active infection is present or an allergy to the compounds is known.

If you have received the Hepatitis B vaccination and need to confirm your immunity, please sign to receive the titer. *The Center recommends that you receive a titer to determine your immunity status if you completed the series over ten (10) years prior to today's date.*

Start Series

Signature

Date

Receive Titer

Signature

Date

Section 2: Employees at risk who have been vaccinated

I have completed the HBV vaccine series and decline the vaccination at this time.

Date Completed Series: _____

Signature

Date

Hepatitis B Vaccine

Section 3: Employees at risk who decline the vaccine

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). I have been given the opportunity to be vaccinated at no charge to myself, however; I decline the HBV series at this time. I understand that by declining the 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 material and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge.

Signature

Date