

Hepatitis B Vaccination Consent Form

I have been made aware of the availability of the Hepatitis B vaccine and the circumstances in which the vaccine is recommended. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine in order to confirm immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

A

I request that I be given the Hepatitis B Vaccine.

(Name of person to receive vaccine – **PLEASE PRINT**)

(Signature of person receiving Vaccine)

Date signed

Signature of Person

Date Vaccinated

Lot #

Administering Vaccine

(1) _____

(2) _____

(3) _____

B

I _____ have received the

Hepatitis B vaccine on _____ at _____.

Signature of employee: _____.

C

REFUSAL TO RECEIVE HEPATITIS B 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) infection. I have been 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 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 Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Signature of employee)

Date

(Signature of Witness)

Date

HILL COUNTRY MEMORIAL HOSPITAL
BLOOD BORNE PATHOGENS EXPOSURE
HIV/AIDS AND HEAPTITIS B
TRAINING RECORD

Date: _____

Employee Name and Title (PLEASE PRINT) _____

Social Security Number: _____

Employee Signature: _____

Content:

- _____ OSHA Standards
- _____ Exposure Control Plan
- _____ Transmission of Blood-Borne Pathogens / Disease
- _____ Engineering / Workplace Controls
- _____ Personal Protective Equipment
- _____ Occupational Exposure
- _____ Signs, Labels, Color Coding
- _____ Hepatitis Vaccine

Name of Instructor: _____

Signature & Title of Instructor _____