

**BLOODBORNE PATHOGEN
HEPATITIS B VACCINATION
CONSENT/DECLINATION FORM**

HEPATITIS B INTENTION

I intend to receive a Hepatitis B vaccination from my family physician. I have received the Hepatitis B Vaccination Information Sheet which outlines the method of administration, risks, complications, and expected benefits of the vaccine.

Employee's Name (Please Print)

Date

Employee's Signature

Date

Witness' Signature

Date

Signature of Person Administering Vaccine

Date

Lot #

Documentation to follow

HEPATITIS B VACCINE DECLINATION

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I will 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 want to be vaccinated with the Hepatitis B vaccine, I understand that it is my responsibility to receive the vaccine on my own.

Employee's Name (Please Print)

Date

Employee's Signature

Date

Witness' Signature

Date