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Hepatitis B Vaccine Consent/Declination Form

CONSENT _____ (initials)

I have read the Hepatitis B [Vaccine Information Statement](#) and have had the opportunity to ask questions and to understand the benefits and risks of receiving the Hepatitis B vaccination. I understand that I must receive 3 doses of the vaccine during a 6-month period, at the scheduled dates, in order to achieve maximum protection. However, as with all vaccines, there is no guarantee that I will become immune to Hepatitis B or that I will not experience side effects.

I understand that I should NOT receive this vaccine if:

1. I am allergic to yeast (e.g. bread) or any other component of the vaccine. I should tell my doctor if I have any severe allergies;
2. I have had an allergic reaction to a previous dose of Hepatitis B vaccine;
3. I am moderately or severely ill at the time the vaccine is scheduled (e.g., I have a fever or I am immunocompromised).
4. I am pregnant, planning a pregnancy, or breastfeeding during the course of the Hepatitis B vaccine. If I become pregnant while receiving the vaccination series, I will notify both my obstetrician and my occupational care provider and discontinue vaccination.

I understand that the Hepatitis B vaccine is being offered due to the potential risk of occupational exposure to HBV, and that the injections are being administered for a job-related reason and not for the purpose of providing general health care. This vaccine is only part of the protection needed for safe job performance.

I understand that if I ended employment before completing the series, the University is not obligated to provide future vaccines. I understand that is my responsibility, and I agree to make arrangements to complete the series with inoculations at 1 and 6 months after the initial dose.

I understand that the vaccine will be genetically engineered HB vaccine and I will be given an administered dose in the deltoid muscle.

Print Name (Employee)

Employee Signature

Date

DECLINE _____ (initials)

I understand that due to my risk for 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 the Hepatitis B vaccine at no charge to myself. However, I decline the 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 want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read the Hepatitis B Vaccine Information Statement and have had the opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination. I do not wish to receive the Hepatitis B vaccine and decline vaccination.

Print Name (Employee)

Employee Signature

Date
