

# HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION

## BLOODBORNE PATHOGENS

I have been informed of the symptoms and modes of transmission of bloodborne pathogens including hepatitis B virus (HBV). I know about the facility's infection control program and understand the procedure to follow if any exposure incident occurs.

I understand that the hepatitis B vaccine is available, at no cost to employees whose jobs involve the risk of directly contacting blood or other potentially infectious materials. I understand that vaccinations shall be given according to recommendation for standard medical practice in the community.

## HEPATITIS B VACCINE CONSENT

I consent to the administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine. I understand that the facility is not responsible for any reactions caused by this vaccine.

X \_\_\_\_\_  
Signature of the Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee's Name

## HEPATITIS B VACCINE DECLINATION Appendix A to Section 1910.1030

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 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.

X \_\_\_\_\_  
Signature of the Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employee's Name