

HEPATITIS B VACCINE INFORMATION AND RECORD

Consent of Hepatitis B Vaccination

I have knowledge of Hepatitis B and the Hepatitis B vaccination. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I give my consent to be vaccinated for Hepatitis B.

\_\_\_\_\_  
Signature of Employee (consent for Hepatitis B vaccination)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

REFUSAL OF HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus infection. I have been given the opportunity to be vaccinated with 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 continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Signature of Employee (refusal for Hepatitis B vaccination)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

I refuse because I believe I have (check one)  started the series  completed the series

RELEASE FOR HEPATITIS B MEDICAL INFORMATION

I hereby authorize \_\_\_\_\_ (individual or organization holding Hepatitis B records and address) to release to the Hartley-Melvin-Sanborn Community School District, my Hepatitis B vaccination records for required employee records.

I hereby authorize release of my Hepatitis B status to a health care provider, in the event of an exposure incident.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (last, first, middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
First Hepatitis B Vaccination Date

\_\_\_\_\_  
Lot Number

\_\_\_\_\_  
Site

\_\_\_\_\_  
Administered By

\_\_\_\_\_  
Second Hepatitis B Vaccination Date

\_\_\_\_\_  
Lot Number

\_\_\_\_\_  
Site

\_\_\_\_\_  
Administered By

\_\_\_\_\_  
Third Hepatitis B Vaccination Date

\_\_\_\_\_  
Lot Number

\_\_\_\_\_  
Site

\_\_\_\_\_  
Administered By

Additional Hepatitis B status information:

Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)

Identification and documentation of source individual:

Source blood testing consent:

Description of employee's duties as related to the exposure incident:

Copy of information provided to health care professional evaluating an employee after an exposure incident:

Attach a copy of all results of examinations, medical testing, follow-up procedures, and health care professional's written opinion.

Training Record: (Date, time, instructor, location of training summary)