

HEPATITIS B VACCINATION FORM

Please complete this form and indicate whether you accept or decline the offered Hepatitis B vaccine.

ACCEPT OF HEPATITIS B VACCINATION:

As a result of the nature of your occupational duties at the Educational Service Center of Lorain County, there is a risk of your directly contacting blood or other body fluid which have been determined as likely to transmit the Hepatitis B virus. Therefore, in accordance with OSHA regulations, you are being offered, free of charge, the Hepatitis B vaccination. The vaccine can be administered through the Lorain County Health Department.

FEMALES ONLY. I am not pregnant. I understand that I should not become pregnant for six months or until the vaccine shot series has been completed.

I request that the Hepatitis B vaccine be given to me:

Signature: _____

Date: _____

DECLINATION/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 Hepatitis B virus (HBV) infection. 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.

I decline the Hepatitis B vaccine:

Signature: _____

Date: _____

I have had the Hepatitis B vaccine series (3 shots)? Yes No If Yes, what year?