

Town of Tiburon
Hepatitis A Vaccine Consent/Declination

CONSENT - RECORD OF CONSENT FOR HEPATITIS A VACCINATION

(This Section is OPTIONAL)

I have read the CDC vaccine information statement, Hepatitis A Vaccination: *What You Need to Know*. I have had an opportunity to ask questions and understand the benefits and risks of the hepatitis A vaccination. I understand I must complete the series of the selected vaccine to have effective immunity. However, as with all medical treatment, there is no guarantee I will become immune or I will not experience an adverse side effect from the vaccine.

I request it be administered to me.

Print Name: _____

Employee Signature: _____

Date: _____

Employer Representative: _____

DECLINATION - RECORD OF HEPATITIS A VACCINE DECLINATION

(This Section is REQUIRED if employee declines)

I have read the CDC vaccine information statement: Hepatitis A Vaccination: *What You Need to Know*. I understand that due to my occupational exposure to people who are homeless and/or use illicit drugs and/or have close contact with environments near or are serving people who are homeless and/or use illicit drugs, I may be at risk of acquiring hepatitis A virus (HAV) infection. I have been given the opportunity to be vaccinated with hepatitis A vaccine, at no charge to myself. However, I decline hepatitis A vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis A, a serious disease. If in the future, I continue to have occupational exposure to fecal contamination and I want to be vaccinated with hepatitis A vaccine, I can receive the vaccination series at no charge to me.

Print Name: _____

Employee Signature: _____

Date: _____

Employer Representative: _____