

Town of Tiburon
Hepatitis B Vaccine Consent/Declination
CONSENT - RECORD OF CONSENT FOR HEPATITIS B VACCINATION
(This Section is OPTIONAL)

I have read the CDC vaccine information statement: Hepatitis B Vaccination: General Information. I have attended the in-service training on the blood borne pathogens program regarding HIV, hepatitis B, and the hepatitis B vaccine. I have also read the in-service training literature and have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand I must have at least three doses of vaccine over a six-month period to confer immunity. However, as with any medical treatment, there is no guarantee I will become immune, or I will not experience an adverse side effect from the vaccine. *You must complete the whole series within the six months.*

I request it be administered to me.

Print Name: _____

Employee Signature: _____

Date: _____

Employer Representative: _____

DECLINATION - RECORD OF HEPATITIS B VACCINE DECLINATION
(This Section is MANDATORY)

I have read the CDC vaccine information statement: Hepatitis B Vaccination: General Information. 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 me. However, I decline hepatitis B vaccination at this time. I understand 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.

Print Name: _____

Employee Signature: _____

Department: _____

Date: _____

Employer Representative: _____