

MADISON COUNTY SCHOOLS

Hepatitis B Vaccination Consent or Declination Statement

I understand that due to the potential for occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring the Hepatitis B viral infection. I have been given information on the Hepatitis B vaccine, including information on its effectiveness, safety, method of administration and the benefits of being vaccinated.

Option 1

____ I will complete the Hepatitis B Vaccine series through my private physician and will have my provider complete the information requested below.

____ I have already completed the Hepatitis B Vaccine series, as documented below.

Vaccine Manufacturer/Type: _____

Dose #1: Date: _____ Lot # _____ Site: _____

Administered by: _____

Dose #2: Date: _____ Lot # _____ Site: _____

Administered by: _____

Dose #3: Date: _____ Lot # _____ Site: _____

Administered by: _____

Option 2

I have been informed about Hepatitis B and the Hepatitis B Vaccine series.
At this time I choose to:

____ Complete the vaccination series with my private physician.

____ Decline the vaccination series at this time. Please explain your reasons for declining the vaccine series on the back of this form.

Employee Name: _____ Employee #: _____
(Please print)

Employee Signature: _____ Date: _____

Note: Maintain this record for duration of employment plus 30 years.

Rev: July 2011