COUNTY OF BERGEN
DEPARTMENT OF HEALTH SERVICES
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Kathleen A. Donovan
County Executive

Nancy L. Mangieri
Director/Health Officer

HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION TRAINING RECORD

LAST NAME, FIRST NAME (PRINT)

EMPLOYER/VOLUNTEER AGENCY AUTHORIZING TRAINING

Male Female

Additional EMPLOYER/VOLUNTEER AGENCY

SOCIAL SECURITY # (ENTER LAST FOUR DIGITS)

BLOODBORNE PATHOGENS TRAINING DATE/SITE

SIGN EITHER CONSENT OR DECLINATION. DO NOT SIGN BOTH SECTIONS.

CONSENTING TO THE VACCINE

I have read the VIS Hepatitis-B (2/2/2012) statement about hepatitis B and the vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the vaccination.

I consent to receive the vaccine. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I will assume responsibility to follow through on the next two doses.

DATE | NAME OF EMPLOYEE (PLEASE PRINT) | SIGNATURE OF EMPLOYEE (SIGNATURE OF PARENT/GUARDIAN IF UNDER 18)

DECLINING THE VACCINE

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. I am declining to receive the vaccine at this time because:

☐ I have completed the vaccine series
Dates previously received Hepatitis B Vaccine #1_____ #2_____ #3_____

Received from Municipality _____ or Physician _____ (Fill in one)

☐ At the present time, I do not wish to receive the vaccine. However I do understand that I can change my mind in the future and consent to receive the vaccination at no charge to me. I also understand that by not being vaccinated, I continue to be at risk for acquiring hepatitis B, a serious disease.

DATE | NAME OF EMPLOYEE (PLEASE PRINT) | SIGNATURE OF EMPLOYEE (SIGNATURE OF PARENT/GUARDIAN IF UNDER 18)