

**Office of Human Resources**

**Hepatitis B Immunization Consent/Refusal Form**

Please check one:

# Yes, I want to receive the Hepatitis B vaccine.

I read the information given to me about Hepatitis B virus and Hepatitis B vaccine and I had the opportunity to ask questions.

I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a 7-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Date Given** | **Lot#/Exp. date** | **Administered by** |
| Hep B #1 |  |  |  |
| Hep B #2 |  |  |  |
| Hep B #3 |  |  |  |
| Hep B Booster |  |  |  |
| Hep B Titer Positive confirms immunity  Date of Titer: | | | |

# No, I received the Hepatitis B vaccine series on (date)     .

# It was provided by (Dr.’s office)

# The above information is accurate to the best of my knowledge.

# No, I don’t want to receive the Hepatitis B Vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was 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 that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease.

If in the future I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge to me.

     

Legal Name Preferred name

     

Address City, State, Zip

Contact Number

Signature Date

Please send this form to: Faculty/Staff Health and Wellness Clinic, 2080 Campus Box Elon, NC 27244