



## Hepatitis B Immunization Consent/Refusal Form

Check one:

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

I understand that a vaccine for Hepatitis B is available and is being offered by my employer at no charge to me. This vaccine, when administered in three doses over a six-month period has been shown to be highly effective in providing protection against Hepatitis B infection. It has rarely produced serious side effects. I agree to release my employer from any liability related to the administration of this vaccine.

**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.

**I have previously received the 3 required doses of Hepatitis B vaccine or have a history of the disease that was medically confirmed in \_\_\_\_\_ (year).**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date