

# STAFFING ON THE GO

## INFORMED CONSENT FOR HEPATITIS B VACCINE

I have been informed about the need for Hepatitis B Vaccine information sheets regarding Hepatitis B and Hepatitis B Vaccine. I understand the benefits and risks of the vaccination. I understand that vaccination is not mandatory but highly recommended.

I understand that I must have three doses of the vaccine over the next 6 months to confer immunity. I know that there is no absolute guarantee that I will become immune or that I will not have adverse reaction from the vaccine.

I REQUEST THAT THE HEPATITIS B VACCINE BE GIVEN TO ME.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Witness: \_\_\_\_\_

	DATE	SITE	LOT#	GIVEN BY
1 <sup>st</sup> Dose				
2 <sup>nd</sup> Dose				
3 <sup>rd</sup> Dose				

Site: \_\_\_\_\_

#1= Left Deltoid

Dose 1: \_\_\_\_\_  
Employee Signature

Dose2: \_\_\_\_\_  
Employee Signature

Dose 3: \_\_\_\_\_  
Employee Signature

**STAFFING ON THE GO**  
**HEPATITIS B VACCINE**

**DECLINATION**

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) infection. I have been given the opportunity to be vaccinated with hepatitis B at this time. I understand that 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 services series at no charge to me.

\_\_\_\_\_  
Name of Employee (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date