



## HEPATITIS B IMMUNIZATION CONSENT / REFUSAL FORM

Please initial 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. My questions were answered.

I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a 6-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.

	<b>Date Given</b>	<b><u>Lot #</u></b>	<b><u>Administered By</u></b>	<b><u>Next Date Due</u></b>
<b>1st Dose</b>				
<b>2nd Dose</b>				
<b>3rd Dose</b>				

\_\_\_\_\_ **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.

\_\_\_\_\_ **I decline** the Hepatitis B vaccination at this time because I have already received the series.

**Please note that the Hepatitis B vaccination is not a requirement to work, however it is recommended by QOC Home Care**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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