

HEPATITIS B VACCINATION

Name: _____ Maiden Name (if applicable) _____
(Please Print) (Please print)

Date of Birth: _____ Primary Building Location: _____

*Are you selecting Shelbyville Central School Insurance? Yes _____ No _____

Please select **ONE** of the following options. Only one signature is needed.

I. CONSENT FOR THE HEPATITIS B VACCINATION (See * below signature):

I understand that due to my potential occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. I have received information about the risks of Hepatitis B viral infection and the Hepatitis B vaccination series. I have had an opportunity to ask questions of a professional and understand the benefits and risks of the vaccination series. I understand that I must receive all three doses of the vaccine to obtain immunity. However, as with all medical treatment, I understand that there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. **I give my consent to be vaccinated for Hepatitis B.**

Signature of Employee

Date

***If you have selected SCS insurance and you would like the Hepatitis B vaccine, contact the Onsite Solutions Employee Wellness Clinic at 317-421-3929 or by dialing ext. 3501 from your school phone.**

***If you did not select SCS insurance and you would like the vaccine, someone will be in contact with you to set up a time for you to receive the vaccine.**

II. REFUSAL TO RECEIVE HEPATITIS B VACCINATION:

I understand that due to my potential 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. However, **I decline Hepatitis B vaccination 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 potential occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee

Date

III. WAIVER OF HEPATITIS B VACCINATION SERIES:

I do not wish to receive the Hepatitis B vaccination series at this time because:

____ A. I have already started the series.

____ B. I have already completed the series.

____ C. I have undergone antibody testing that indicates I am immune to Hepatitis B.

____ D. I am unable to receive the vaccination due to personal medical reasons.

____ E. The Hepatitis B vaccination is contraindicated (inadvisable) at this time due to consultation with a health care professional.

Signature of Employee

Date