

HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION

BLOODBORNE PATHOGENS

I have received information and understand that my occupation increases risks of exposure to bloodborne pathogens including hepatitis B virus (HBV). This exposure includes blood, body fluids and other potentially infectious material and surfaces. The facility's exposure control program has been explained to me and I understand the process to follow should an exposure incident occur.

I have been informed of the symptoms, hazards and transmission modes associated with the hepatitis B virus and that a vaccine is available to me at no additional cost. I have received information regarding the hepatitis B vaccine.

Date VIS Provided: _____

VIS (Vaccine Information Statement): www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf

HEPATITIS B VACCINE CONSENT

I consent to administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications and expected benefits of the vaccine.

X _____
Signature of Employee Date

Print Employee's Full Name

HEPATITIS B VACCINE DECLINATION

Occupational Safety & Health Administration: Standard Number 1910.1030 Appendix A

I understand that due to my 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 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.

X _____
Signature of Employee Date

Print Employee's Full Name

HBV VACCINATION RECORD

Employee: _____ Employee ID Number: _____
(Print Full Name/Title)

Previous Hepatitis B Vaccine Series Completed Date: _____

Hepatitis B Vaccine Contraindicated for Medical Reasons

Pre: Hepatitis B Antibody Test Date: _____ Results: _____

Post: Hepatitis B Antibody Test Date: _____ Results: _____

HBV VACCINATION: Dose #1

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Location: Right Deltoid Left Deltoid Right Anterolateral Thigh Left Anterolateral Thigh

Administered by: _____ Date: _____ Time: _____
(Print Name/Title)

Adverse Reaction? No Yes Comments: _____

Signature/Title of Person Completing Date

HBV VACCINATION: Dose #2 (4 weeks/1 month after Dose #1)

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Location: Right Deltoid Left Deltoid Right Anterolateral Thigh Left Anterolateral Thigh

Administered by: _____ Date: _____ Time: _____
(Print Name/Title)

Adverse Reaction? No Yes Comments: _____

Signature/Title of Person Completing Date

HBV VACCINATION: Dose #3 (5 months after Dose #2)

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Location: Right Deltoid Left Deltoid Right Anterolateral Thigh Left Anterolateral Thigh

Administered by: _____ Date: _____ Time: _____
(Print Name/Title)

Adverse Reaction? No Yes Comments: _____

Signature/Title of Person Completing Date

HBV VACCINATION: Booster

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Location: Right Deltoid Left Deltoid Right Anterolateral Thigh Left Anterolateral Thigh

Administered by: _____ Date: _____ Time: _____
(Print Name/Title)

Adverse Reaction? No Yes Comments: _____

Signature/Title of Person Completing Date

Occupational Safety & Health Administration (OSHA) 1910.1030 (f)(2)(v): If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).