

 **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date Given** | **Lot #** | **Administered By** | **Next Date** **Due** |
| **1st Dose** |  |  |  |  |
| **2nd Dose** |  |  |  |  |
| **3rd Dose** |  |  |  |  |

**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 Tittle:\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_