**Hepatitis B Vaccination Consent/Waiver Form Instructions**

Please print, complete, and sign ONE of the sections (A, B, or C) in the Hepatitis B Vaccination Consent/Waiver Form below and submit it to Human Resources

If you consent to be immunized (section A), please schedule an appointment with RCA Laboratories’ preferred provider.

Hepatitis B Vaccination Consent/Waiver Form

Complete only ONE section (A, B, or C)

|  |  |
| --- | --- |
| Name:  (Please Print) |  |
| Date of Birth:  (MM/DD/YYYY) |  |

Section A. Consent for Hepatitis B Vaccine

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to be immunized against Hepatitis B. I acknowledge the following

1. I have been informed that I am at risk of hepatitis B because of the nature of my professional responsibilities.
2. I have read the information sheet the lists the indications, benefits, and presently known side effects of hepatitis B vaccine, have had an opportunity to ask questions, and have answered them to my satisfaction.
3. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
4. I understand, however, as with all medical treatment there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
5. In the event that I experience any adverse side effects or do not become immune to from the vaccine I hereby hold RCA Laboratories harmless from all liability to the extent permitted under the law.
6. In the event that I should terminate employment at RCA Laboratories prior to receiving all three (3) doses of the Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on own initiative and at my own expense.

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Employee Signature Department Date

Are you currently pregnant or breast feeding? Yes\_\_\_\_\_ No\_\_\_\_ Dose/Site/Lot#/initials

Section B. Previous Immunization with Hepatitis B Vaccine

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have previously completed a three-dose series of the Hepatitis B vaccine in (year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Employee Signature Department Date

Section C. Deferral of Immunization with Hepatitis B Vaccine

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.

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Employee Signature Department Date