

**MUST BE COMPLETED BY EMPLOYEE AND RETURNED
TO THE DIOCESAN EDUCATION OFFICE**

HEPATITIS B IMMUNIZATION CONSENT/WAIVER FORM

Employee Name: _____
(Please Print)

Social Security Number: _____

Employer's Name: _____

Employer's Address: _____

I attended the Hepatitis B Education and Training Class on _____ and:
(Date)

1. I understand a series of **THREE** injections of hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity.)
2. If I do **NOT** become protected from receiving the vaccine, or if I choose **NOT** to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.
3. 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 in 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.

I have read and I understand the above information and wish to receive the hepatitis B vaccine series (three doses). Also, I have NO KNOWN sensitivity to YEAST.

Signature: _____
Date: _____

I have read and I understand the above information and DO NOT wish to receive the hepatitis B vaccine series (three doses) at this time.

Signature: _____
Date: _____

I received the hepatitis B vaccine series (three doses) on

(dates)

Signature: _____
Date: _____

Employee Name: _____
(Please Print)

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A. MEDICAL REASON FOR EMPLOYEE NOT RECEIVING VACCINE

_____ YES

_____ NO

Explanation if YES

B. HEPATITIS B VACCINATION RECORD

#1 _____
(DATE)

#4 _____
(DATE)

#2 _____
(DATE)

#5 _____
(DATE)

#3 _____
(DATE)

C. ANTIBODY TEST RESULTS

(DATE)