

**SCHOOL DISTRICT OF NEW LONDON
HEPATITIS B VACCINE CONSENT FORM
AND VACCINATION RECORD**

1. 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 information on the Hepatitis B vaccine, including information on its effectiveness, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
2. I have been informed of the benefits that I may expect from vaccination but no guarantee of immunity has been made to me. I understand that there is a lack of immunity in 5 to 10 percent of those persons vaccinated.
3. I have been fully informed of the risks or discomforts I may be subjected to as a result of receiving the Hepatitis B vaccination, including soreness, redness and swelling at the injection site, low-grade fever, and nausea.
4. I have been advised of alternative methods of prevention of Hepatitis B:
 - a. To prevent exposure, use Universal Precautions.
 - b. If I have been exposed, Hepatitis B Immune Globulin.
5. I have no known allergy to yeast.
6. If I am a female, I have been advised that if I am or may be pregnant to consult with my physician whether to secure the vaccine at this time.
7. I consent to receive the Hepatitis B vaccine.

Date: _____

Signature of Employee

Recombivax-HB Vaccine **-OR-** Enerix-B Vaccine

Innoculation 1 Date: _____ Given at: _____

Innoculation 2 Date: _____ Given at: _____

Innoculation 3 Date: _____ Given at: _____

SCHOOL DISTRICT OF NEW LONDON
HEPATITIS B VACCINE DECLINATION

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.

Employee Name (*please print*)

Dated: _____

Employee Signature

Witness: _____