Access
"A Professional Nursing Service"

HEPATITIS B VACCINE CONSENT FORM

Name:_____
(Last) (First)

SS#:_____ Title:_____ Branch:_____

I understand that due to 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, if I decline a hepatitis B vaccination at this time and 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 understand that adverse reactions are rare; the most common being local irritation at the injection site. The vaccine can not transmit the disease; however, the vaccine is contra-indicated during pregnancy. I am not pregnant _____.

With this understanding, I choose

☐ To be vaccinated ☐ Not to be vaccinated.

☐ I have been vaccinated within the last 5 years at another place of employment and do not need current vaccination.

_____ _____
Signature Date

_____ _____
Witness Date

Initial Dose (1 cc) (Date _____) RN Signature _____

Second Dose (1 cc) (Date _____) RN Signature _____

Third Dose (1 cc) (Date _____) RN Signature _____

Bloodwork Results (Date _____) RN Signature _____

(Date _____) RN Signature _____