



## Hepatitis B Immunization Consent/Waiver Form (Employee)

Employee's Name \_\_\_\_\_

Employee's Position \_\_\_\_\_ Building \_\_\_\_\_

Employer's Name/Address: Monroe School District, 200 E. Fremont St. Monroe, WA 98272

I attended the hepatitis B education and training class on \_\_\_\_\_ and:  
(date)

I understand a series of three injections of hepatitis B vaccine is needed to become protected.

If I do not become protected from receiving the vaccine or 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.

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, if 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.

☐ 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 \_\_\_\_\_

A. Medical Reason for Employee Not Receiving Vaccine ☐ Yes ☐ No

If YES, why? \_\_\_\_\_

B. Hepatitis B Vaccination Record shot date: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

C. Antibody Test Results: \_\_\_\_\_