



Please check one of the boxes below. Based on your answer, the nurse or provider will recommend the Hepatitis B Vaccine Series or a blood test to confirm immunity to Hepatitis B.

- I have never received the Hepatitis B vaccine series.
- I have previously completed the three part Hepatitis B vaccine series.
- I started the Hepatitis B vaccine series, but did not receive all three vaccines.
- I am unsure if I received or started the Hepatitis B vaccine series.
- I have completed the three part Hepatitis B vaccine series more than once.

Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Due to the nature of your position with Archbold Medical Center, and potential exposure to the Hepatitis B virus, it is recommended that you receive the three part Hepatitis B vaccine series, blood work to test for immunity to Hepatitis B and/or a Hepatitis B booster(s). Please consent or decline below:

**A. CONSENT**

	Yes	No
Have you ever had a serious allergic reaction to the Hepatitis B vaccine?		
Are you allergic to yeast?		

I understand that due to the nature of my position, I am at risk for acquiring Hepatitis B. I understand that the initial vaccine series is given in three doses over a six month period of time, followed by a lab test to confirm immunity, additional vaccinations (boosters) and lab work may also be needed to develop and confirm immunity. The Hepatitis B vaccine series, blood work and boosters have been satisfactorily explained to me and I have been given the opportunity to ask questions.

In the event that I should terminate my employment with Archbold Medical Center prior to completing the Hepatitis B vaccine series, the cost of the vaccine will be deducted from my wages.

Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Nurse/Provider Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

**B. 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, have blood work done to confirm immunity and/or receive Hepatitis B boosters, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand, that by declining this vaccine, I continue to be at risk for 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.

Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Nurse/Provider Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_