

Hepatitis B Immunization Consent/Refusal Form

Please check one			
Yes, I want to receive the Hepatitis B vaccine:			
I read the information given to me about Hepatitis B virus and Hepatitis B vaccine and I had the opportunity to ask questions. My questions were answered.			
I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a six month period. I understand that there is no guarantee that I will become immune to Hepatitis B. I understand that I might experience an adverse side effect as the result of the vaccination.			
Date Given Lot # Administered By Next Date Due			
1st Dose:			
2nd Dose:			
3rd Dose:			
No, I don't want to receive the Hepatitis B Vaccine:			
I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine 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 an increased risk of acquiring Hepatitis B, a serious disease.			
If in the future, I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge to me			
Employee NameSocial Security Number			
AddressCityStateZip			
Signature			

PRIVACY ACT INFORMATION			
Agency	Address		
Telephone Number	Date		
The collection and use of this information are consistent with the provisions of 5 U.S.C. 552a (Privacy Act of 1974). This information is sensitive and protected by the Privacy Act. It is only available to staff on a need to know basis. Electronic material must be password protected and must not be used except in accordance with routine uses identified in OPM/GOVT-10, Employee Medical File System Records. Paper records must be similarly used and protected in a locked file or room that is available only to staff who have a need to know this information and in accordance with OPM/TGOVT			