



Snohomish School District No. 201
Hepatitis B Immunization
Consent/Waiver Form

6512F1
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To be completed by employees in Frontline positions for Hepatitis B Immunization.

Employee's Name: _____ Location: _____

Last 4 of Social Security Number: _____ Position: _____

I have received training regarding Hepatitis B Virus. Yes _____ No _____ (Please read each of the following three items carefully.)

1. **I understand that I will need a series of three injections** of Hepatitis B vaccine in order to be protected from Hepatitis B Virus infection. (Occasionally, the first series of three vaccinations does not provide immunity, and more doses of vaccine are required.)
2. **If I choose not to receive the vaccine** at this time (or if I do not become protected after receiving the vaccine), I understand that I will need post-exposure evaluation and possibly post-exposure treatment if I have direct, unprotected contact with blood or other potentially infectious materials while at work.
3. **I understand that I should consult with a health care provider before receiving the vaccine, if** I can be described in any one of the following categories: children, pregnant women, nursing mothers, persons with severe heart or lung problems, persons who are allergic to yeast.

Please read each of the following two sections carefully, sign the section which reflects your decision at this time, and send both pages of the signed form to Human Resource Services.

Consent

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 read and I understand the information on this form and I do wish to be vaccinated with Hepatitis B vaccine, a series of three doses of vaccine, at no charge to myself. **I have no known sensitivity to yeast.**

Signature: _____ Date: _____

Waiver

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. 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 information on this form and I do not wish to be vaccinated with Hepatitis B vaccine, a series of three doses of vaccine, at this time.

Signature: _____ Date: _____

**Hepatitis B Vaccination
Status Record**

Employee's Name: _____ Location: _____

Last 4 of Social Security Number: _____ Position: _____

Vaccination Series

Please complete the following form for each vaccination you receive in the series of three vaccinations and immediately send it to Human Resource Services.

Hepatitis B Vaccination Series: Please indicate the number and date of your most recent vaccination in the series of three vaccinations.

Vaccination No. 1 – Date: _____

Vaccination No. 2 – Date: _____

Vaccination No. 3 – Date: _____

Employee's Signature: _____

Vaccination Boosters

Please complete the following form for each booster dose of vaccine you receive and immediately send it to Human Resource Services.

The remaining portion of this form is designed for use if the United States Public Health Service determines the need for booster doses of the Hepatitis B vaccine.

Hepatitis B Vaccination Booster:

Booster No. 1 – Date: _____

Booster No. 2 – Date: _____

Booster No. 3 – Date: _____

Employee's Signature: _____