

Fairbanks North Star Borough School District
Hepatitis B Vaccination - Consent/Decline
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Name: _____ Work Location: _____
 Position: _____ Date: _____

A. CONSENT TO RECEIVE HEPATITIS B VACCINATION

I have read the information sheet about Hepatitis B, the Hepatitis B vaccine, and attended comprehensive training on the district's Bloodborne Pathogen Exposure Control Plan and voluntary vaccination program. I have had an opportunity to ask questions and I understand the risks and benefits of Hepatitis B vaccination. I understand that I must receive three doses of vaccine to complete the series. However, as with all medical treatment, there is no guarantee that I will, in fact, become immune or that I will be free from adverse side effects from the vaccine. I understand that my decision to receive or not receive the vaccine will have no effect on my employment status. Furthermore, if consenting to the vaccine, I assume the responsibility of adhering to the appointment dates set for the three injections.

I hereby request to receive the Hepatitis B Vaccine Series.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL

Injection	Date	Provider's Name and Signature	Lot #
Dose #1			
Dose #2			
Dose #3			

B. DECLINATION TO RECEIVE HEPATITIS B VACCINATION

I understand that, due to the risk of 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 receive the Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining the 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 may later elect to receive the vaccination.

_____ I have already received the Hepatitis B Vaccination Series.
Initials

I hereby DECLINE receipt of the Hepatitis B Vaccine Series.

Signature: _____ Date: _____

**PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPT. UPON EMPLOYEE
 ACCEPTANCE OR DECLINATION**