

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

Name: \_\_\_\_\_ F Number: \_\_\_\_\_ 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 MEDICAL PROFESSIONAL**  
(May attach a copy of signed document by your provider indicating dates of vaccinations)

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 COMPLETION OF  
ACCEPTANCE OR DECLINATION**