

Bainbridge Island Metropolitan Park & Recreation District
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**Hepatitis B Immunization
 Consent/Refusal Form**

CONFIDENTIAL

(For Human Resource Department Use Only)

For employees in positions considered at high risk for exposure to bloodborne pathogens.

Employee Name: _____ Position: _____

Please check one:

- I have already received the Hepatitis B Vaccination Series.**
- I want to receive the Hepatitis B Vaccine.**

I have read the information given to me about the Hepatitis B virus and Hepatitis B vaccine and I have had the opportunity to ask questions.

I want to participate in the vaccination program at no cost to me. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

- 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 Signature (If 18 or older) _____
 Date

If employee is 17 or younger:

Legal Guardian: _____
Name
Signature
Date

Hepatitis B Vaccination Record (HR to complete)

<u>Innocation</u>	<u>When Needed</u>	<u>Date Received</u>	<u>Where Received</u>
___ 1st dose	Initial dose	_____	_____
___ 2nd dose	Four weeks after first dose	_____	_____
___ 3rd dose	Five months after second dose	_____	_____

