

Hepatitis B Vaccination Consent / Waiver Form



Medical consultation and the Hepatitis B vaccine series are made available to all employees who can reasonably anticipate in coming into contact with human blood or other potentially infectious materials (OPIM) during their normal duties. The vaccination series and medical consultation are offered at no cost to the employee once they have completed the Bloodborne Pathogens training and had an opportunity to ask questions. Complete the form below and choose the option that best fits your needs.

Name:	Date:
Department:	Job Title:
Signature:	

Accept to Receive the Hepatitis B Vaccination Series. I understand that due to my potential occupational exposure to human blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus. I choose to accept medical consultation and Hepatitis B vaccine series offered by the City's Occupational Healthcare Provider at no charge to me.

I do not wish to receive the Hepatitis B Vaccination Series. I understand that due to my potential occupational exposure to human blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B virus. I have been given the opportunity to receive medical consultation and be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the medical consultation and Hepatitis B vaccine 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 OPIM and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series and medical consultation at no charge to me.