

WAIVER OF VACCINATION FOR HEPATITIS B

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, a serious disease. 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.

Signature of Employee

Date

8453.01 F4

VACCINATION REQUEST

I wish to be inoculated with the Hepatitis B vaccine as provided for by the School Corporation. I have been adequately informed about the availability, need for, and nature of the Hepatitis B vaccination as well as of the consequences of not being immunized.

Signature of Staff Member

Date