

**Hepatitis B Vaccination Request/Waiver Form**

NAME: \_\_\_\_\_

ECSU ID: \_\_\_\_\_

STATUS:

- EMPLOYEE
- STUDENT
- STUDENT WORKER
- OTHER

**If you would like to receive the Hepatitis B vaccine, please read and sign the following:**

*“I have read or have had explained to me the information on the Hepatitis B VACCINE INFO STATEMENT. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks and I request the HEPATITIS B vaccine series.”*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HEPATITIS B VACCINATION RECORD**

	#1	#2	#3
Date of Administration			
Vaccine Lot Number			
Expiration Date			
Injection Site			
Staff Signature			

Hepatitis B Vaccine V.I.S. (7/18/07) provided: \_\_\_\_\_  
*Staff Initials*

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact/reminder dates (please initial): \_\_\_\_\_

**If you wish to decline the vaccine, please read and sign the following statement:**

*“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: \_\_\_\_\_

Date: \_\_\_\_\_