

RIVERVIEW SCHOOL DISTRICT NO. 407

HEPATITIS B IMMUNIZATION CONSENT/WAIVER FORM

Employee's Name _____ SS # _____

Employer's Name/Address Riverview School District, 32240 NE 50th, Carnation, WA 98014

Position _____

I attended the Hepatitis B education and training class on _____ and:
(date)

1. I understand a series of **three** injections of Hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity.)
2. If I do not become protected from receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand I will need post-exposure treatment if I have direct contact with blood or other body fluids at work.
3. 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.

I have read and understand the above information and wish to receive the Hepatitis B vaccine series (three doses). Also, I have no known sensitivity to yeast.

Signature _____

Date _____

I have read and I understand the above information and do not wish to receive the Hepatitis B vaccine series (three doses) at this time.

Signature _____

Date _____

cc: Personnel Office

A. MEDICAL REASON FOR EMPLOYEE NOT RECEIVING VACCINE

_____ **YES**

_____ **NO**

Explanation if YES _____

B. HEPATITIS B VACCINATION RECORD

#1 _____
Date

#4 _____
Date

#2 _____
Date

#5 _____
Date

#3 _____
Date

C. ANTIBODY TEST RESULTS _____
