

**CITY OF SAN RAFAEL
HEPATITIS B VACCINE DECLINATION**

PLEASE **PRINT** THE FOLLOWING INFORMATION:

Name: _____

Department: _____ **Employee #** _____

**THE FOLLOWING MUST BE SIGNED BY THE EMPLOYEE
IF HEPATITIS B VACCINE IS DECLINED**

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) 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 OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

**CITY OF SAN RAFAEL
HEPATITIS B VACCINE REQUEST**

PLEASE **PRINT** THE FOLLOWING INFORMATION:

Name: _____

Department: _____ **Employee #** _____

READ BEFORE SIGNING

I have been given a copy and have read or had explained to me the literature about Hepatitis B Vaccination. Prior to being vaccinated, I will have a chance to ask questions and have them answered to my satisfaction. I understand that I must have at least three doses of vaccine over a six-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I believe I understand the benefits and risks of Hepatitis B vaccination and I request that the vaccine be given to me.

Signature

Date

HBV Vaccination Schedule

	Planned	Administered	Received by (Signature)
1st dose	_____	_____	_____
2nd dose	_____	_____	_____
3rd dose	_____	_____	_____