HEPATITIS B VACCINE

ACCEPTANCE/DECLINATION FORM

The Hepatitis B Vaccine can be received from the student’s physician of choice, employer, or county health department. The Hepatitis B Vaccine is given in a series of three (3) injections as follows:

1. First injection at time of request.
2. Second injection one month after the first injection.
3. Third injection three to six months after first injection.

The NTC Nursing Assistant student is responsible for:

1. Cost of the vaccine injections (3).
2. Timely completion of the series of injections.
3. Immunity blood testing following the series.
4. Notification to NTC of the dates the injections were received.

I understand that due to my clinical exposure to blood and other infectious materials, I may be at risk of acquiring Hepatitis B infection. I understand that it is my responsibility, if accepting or rejection the Hepatitis B vaccine that I will discuss the side effects and risk with my physician. I will also discuss any questions about the disease and vaccination with my physician.

ACCEPTANCE OF HEPATITIS B VACCINE

 (initial the one that applies)

\_\_\_\_\_\_I have elected to receive the Hepatitis B Vaccine. I will submit documentation of the injections and of the

 postimmunization blood testing to determine immunity.

\_\_\_\_\_ I have received the Hepatitis B Vaccine and will submit documentation of the injections and of the

 postimmunization blood testing to determine immunity.

\_\_\_\_\_ I have Hepatitis B antibody titre conclusive with immunity response and will submit documentation

 determining immunity.

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

DECLINATION OF HEPATITIS B VACCINE

 (initial the one that applies)

\_\_\_\_\_\_I am declining 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.

\_\_\_\_\_ I decline the Hepatitis B vaccine at this time for medical reasons.

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