



## Hepatitis B Vaccine Consent/Decline

### Acknowledgement of the Risks of Blood Borne Pathogens

By signing below, you are acknowledging that you are aware and understand the symptoms and modes of transmission of blood borne pathogens including hepatitis B virus (HBV).

You also understand that the hepatitis B vaccine is available, at no cost, to employees whose jobs involve the risk of directly contacting blood or other potentially infectious material particularly in the healthcare industry.

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Print name above

\_\_\_\_\_

Sign name above

\_\_\_\_\_

Date

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**Choose ONLY ONE (1) of the following options:**

### Accept the Hepatitis B Vaccine

By signing below, you are consenting to the administration of the hepatitis B vaccine. You acknowledge that you have been informed of the method of administration, the risks, complications and expected benefits of the vaccine.

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Print name above

\_\_\_\_\_

Sign name above

\_\_\_\_\_

Date

### Decline the Hepatitis B Vaccine

By signing below, you are acknowledging that you understand that due to your occupational exposure to blood or other potentially infectious materials you may be at risk of acquiring hepatitis B virus and/or infection. You also understand that you have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to you. However, you are declining the hepatitis B vaccination at this time. If in the future you continue to have occupational exposure to blood or other potentially infectious materials, and you want to be vaccinated with hepatitis B vaccine, you can receive the vaccination series at no charge.

\_\_\_\_\_

Print name above

\_\_\_\_\_

Sign name above

\_\_\_\_\_

Date

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