

APPENDIX B

Hepatitis B Vaccine Acceptance

I have chosen to receive the Hepatitis B vaccination due to my possible occupational exposure to blood or other potentially infectious materials that may place me at risk for Hepatitis B virus (HBV) infection. I will provide Community Consolidated School District 93 written documentation of the dates of the Hepatitis vaccine series.

Print name: _____

Signature: _____

Dated this _____ day of _____, _____

Hepatitis B Vaccine Declination

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.

Print name: _____

Signature: _____

Dated this _____ day of _____, _____