

## Hepatitis-B Vaccination Consent/Declination Form

As an employee having occupational exposure to potentially infectious materials, you have the right to receive the Hepatitis B vaccination series, free of cost to you. Please complete this form by marking the box proceeding with the appropriate statement and signing below.

**Consent:** As a healthcare professional having occupational exposure to blood and other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed of and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my employer). I understand that I must have three doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience adverse side effects from the vaccine. I accept the offer at this time.

**Declination:** I understand that due to my occupational exposure to blood and 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 the Hepatitis B vaccine at no cost to myself. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, while actively working with GQR I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I may do so without charge to myself.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_