

Hepatitis B Virus Vaccine Consent/Declination

I have been informed of the symptoms and modes of transmission of blood-borne pathogens including Hepatitis B virus (HBV). I know about the facilities infection control program and understand the procedure to follow if an exposure incident occurs.

I understand that the hepatitis B vaccine is available at no cost to Independent contractors whose jobs involve the risk of directly contacting blood or other potentially infectious material. I understand that vaccinations shall be given according to the recommendations for standard medical practice in the community.

Hepatitis B Vaccine Consent

I consent to administration of the hepatitis B Vaccine. I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine.

X _____ /_____/_____
Signature of Independent Contractor Date

Print Independent Contractors Name

Hepatitis B Vaccine Declination

Appendix A to Section 1910.1030

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 the 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.

X _____ /_____/_____
Signature of Independent Contractor Date

Print Independent Contractors Name