

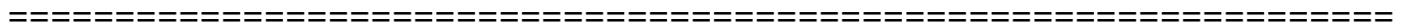
**HEPATITIS B VACCINATION  
CONSENT FORM**

**Option A:** I understand the benefits and risks of hepatitis B vaccination. I understand that I must receive at least 3 intramuscular doses of vaccine in the arm over a 6-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I do understand that anyone with a known **allergy to yeast** should not accept this vaccine. Hepatitis B vaccine will be made available at no charge to employees having occupational blood exposure. I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent. I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights under my employment contracts. In addition, I can withdraw from the vaccination regimen at anytime.

I desire that my employer provide the required three (3) doses of Hepatitis B vaccine.

_____	_____
Print Name	Last 4 Digits of Social Security #
_____	_____
Date	Signature

**If you sign this form because you want the HBV vaccination, then send the completed form within the next 10 days to: Julie Mosher, RN, High School Nurse, 10 Gray Avenue, Greenwich, NY 12834, Phone: 692-9542 x4222.**



**HEPATITIS B VACCINATION  
DECLINATION FORM**

**Option B:** 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	Last 4 Digits of Social Security #
_____	_____
Date	Signature

**Option C:** If you have already had the hepatitis B vaccine series, then you do not need another vaccine. Please fill out the following information:

I have received the **Hepatitis B** vaccination on: \_\_\_\_\_  
1<sup>st</sup> Shot: Day 1      2<sup>nd</sup> Shot: Day 30      3<sup>rd</sup> Shot: Day 180

_____	_____
Print Name	Last 4 Digits of Social Security #
_____	_____
Date	Signature

**If you sign this form because you do not want or need the HBV vaccination, then send the completed form within the next 10 days to: Mike Hernandez, Superintendent of Buildings & Grounds, 10 Gray Avenue, Greenwich, NY 12834, Phone: 692-9542 x2280.**