

HEPATITIS B VIRUS (HBV) VACCINATION CONSENT FORM/STATUS RECORD

INITIAL EACH APPLICABLE STATEMENT:

_____ I understand that the nature of my job makes it reasonably anticipated that I may have percutaneous, mucous membrane or nonintact skin exposures to blood or other potentially infectious body fluids in the course of my work. Therefore, I am entitled to receive the HBV vaccine series at no cost to me, at a reasonable time and place, and during work hours. I understand that taking the HBV vaccine will reduce my risk of developing serious liver disease as a result of occupational exposure to HBV.

_____ I understand that my decision to accept or decline HBV vaccine will not affect my employment or any benefits available to me through my employment.

_____ **I elect to receive the HBV vaccination series provided to me by Pearl Health Care Services, Inc. I understand that by receiving the vaccine series I have a 90 percent assurance of immunity against the virus.**

_____ I have received training on the risk of infection with HBV on the job and have given the opportunity to be vaccinated with HBV vaccine. **However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease.** If in the future I continue to be at risk of occupational exposure to blood or other potentially infectious body fluids, and I want to be vaccinated with HBV vaccine I can receive the vaccine at no charge to me.

_____ I have previously received the complete 3-dose series of HBV vaccine. My third injection of vaccine was on _____.

_____ Antibody testing (anti-HBs or anti-HBc) has revealed that I am immune to HBV.

_____ The HBV vaccine is contraindicated for medical reasons as evidenced by the attached statement from my physician.

_____ Antibody testing (anti-HBs) after the primary series of HBV vaccine and at least one booster, indicates that I am a nonresponder to HBV vaccine.

Employee Signature

Date

Witness Signature

Date