

Hepatitis B Vaccination Consent/Waiver Form Instructions

Please print, complete, and sign ONE of the sections (A, B, OR C) in the Hepatitis B Vaccination Consent/Waiver Form below and submit it to our Office.

FIRST CAREER CENTER

1986 Opitz Boulevard, Woodbridge, VA 22191

Phone: (703) 910-7081

Toll Free: 1 (888)-886-0082

Fax: (703) 910-7199

Hepatitis B Vaccination Consent/Waiver Form
Complete only one section (A, B, or C)

Name:
(Please print) _____
Date of Birth:
(MM/DD/YYYY) _____
Address:
(Street, City, State Zip code) _____

Section A. Consent for Hepatitis B Vaccine

I, _____, consent to be immunized against Hepatitis B. I acknowledge the following.

1. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my professional responsibilities.
2. I have read the information sheet that lists the indications, benefits, and presently known side effects of hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
3. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
4. I understand, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
5. In the event that I experience any adverse side effects or do not become immune from the vaccine I hereby hold First Career Center harmless from any and all liability to the extent permitted under the law.
6. In the event that I should terminate employment/Studies at First Career Center prior to receiving all three (3) doses of the Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

	<u>Date Given</u>	<u>Lot#</u>	<u>Administered by</u>	<u>Next Date Due</u>
<u>1st Dose</u>	_____	_____	_____	_____
<u>2nd Dose</u>	_____	_____	_____	_____
<u>3rd Dose</u>	_____	_____	_____	_____

Student Signature _____ Date _____

Section B. Previous Immunization with Hepatitis B Vaccine (NB: Proof Required)

I, _____, have previously completed a three-dose series of the Hepatitis B Vaccine at _____ in (year) _____
Student Signature _____ Date _____

Section C. Refusal to Receive Hepatitis B Vaccine

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. 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.

Student Signature _____ Date _____