

Hepatitis B Vaccine Acceptance/Declination

Kiel Area School District

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.

_____ I **decline** the 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.

_____ I **accept** the hepatitis B vaccination. I understand the school nurse will contact me with more information on the hepatitis B vaccine and where to complete the series of 3 doses over a six-month period.

I, _____, have completed the Hepatitis B series on the following dates and locations.

Inoculation 1 - Date	Given at
Inoculation 2 - Date	Given at
Inoculation 3 - Date	Given at

Employee Name <i>Please Print</i>	
Employee Signature ➤	Date