

HEPATITIS B VACCINATION CONSENT OR DECLINATION FORM

All employees that have a job classification listed in the District's Bloodborne Pathogens Exposure Control Plan must complete this form. Completed forms should be sent to risk.management@chaffey.edu.

EMPLOYEE INFORMATION

Employee Name: _____ Colleague ID: _____

Position/Title: _____ Dept: _____

Email Address: _____ Phone: _____

Classification: Classified Faculty/Adjunct Management Professional Expert/Coach
 Short Term Worker/Apprentice Student Worker Volunteer Other: _____

VACCINATION SELECTION

Consent

I have been offered and accept to receive the Hepatitis vaccination.

Your consent and signature below indicate you understand the benefits and risks of the vaccine, which is a 3-dose series at 0, 1, and 6 months. Risk Management will contact you to provide options for obtaining the vaccination. There will be no cost to you. If you have any questions, please contact Risk Management at (909) 652-6523 or risk.management@chaffey.edu.

Decline

I do not want to receive the Hepatitis vaccination.

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 by contacting my supervisor or Risk Management.

If you decline the Hepatitis vaccination, please indicate the reason (optional):

- I have completed the Hepatitis B vaccine on _____ (date)
 I have not completed the Hepatitis B vaccine and decline at this time.

ACKNOWLEDGEMENTS

By signing below, I acknowledge the following:

- I have read and understand the District's [Bloodborne Pathogens Exposure Control Plan](#).
- I acknowledge my current position has the potential for occupational exposure to blood or other potentially infectious material (OPIM) and may present the risk of acquiring Hepatitis B virus (HBV) infection.
- I have received information and training pertaining to HBV and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction.
- I understand that if I consent to the vaccination, I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended 3-dose series.

Employee Signature

Date