



POST EXPOSURE HEPATITIS B VACCINATION FORM

ACKNOWLEDGEMENT

After exposure to Hepatitis B virus (HBV), appropriate and timely prophylaxis can prevent HBV infection and subsequent development of chronic infection or liver disease. The mainstay of post exposure prophylaxis (PEP) is Hepatitis B vaccine, but, in certain circumstances, Hepatitis B immune globulin is recommended in addition to vaccine for added protection.

I would like to receive the Hepatitis B vaccination, free of charge. I understand that the side-effects are normally mild and localized to the injection site, however, there is a rare risk of an allergic reaction.

☐ I agree to receive the Hepatitis B Post Exposure Vaccination

I have been given the opportunity to be vaccinated with Hepatitis B Post Exposure Vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time:

☐ I do not wish to receive 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.

EMPLOYEE INFORMATION

Name: _____ Date: _____

Signature: _____ SSN: _____

Position: _____ Date: _____

DEPARTMENT INFORMATION

Department: _____ Date: _____

Direct Supervisor: _____

Supervisor Signature: _____