

INFORMED CONSENT OF AT RISK TEACHERS/STAFF
FOR HEPATITIS B VACCINATION

CONFIDENTIAL

I _____, hereby authorize my employer to vaccinate me against hepatitis B virus (HBV). I understand that the injections are given over a period of several months before it is effective in preventing the disease.

I have been informed of occasional side effects resulting from HBV immunization which include, but are not limited to pain, itching, bruising at the injection site, sweating, weakness, chills, blushing and tingling, as well as other side effects, warnings and contraindications noted in *The Physician's Desk Reference* and manufacturer's information sheets. I understand that I cannot receive this vaccine if I am allergic to yeast.

All my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the vaccination. I acknowledge that no guarantees have been made to me concerning the results of the proposed vaccination. I hereby release my employer from any and all liabilities and legal responsibilities as a consequence of my decision to receive this vaccine.

I understand that my employer will cover the cost of the vaccinations as long as I receive all three (3) injections. If I do not complete the series, I will assume the full cost.

Date

Signature

Principal's Notation:

This employee has agreed to receive vaccination against hepatitis B. The vaccination series will be provided at no cost to the employee by this school. However, it is understood that if the employee does not complete the series of three (3) injections, he/she will assume all cost for the series.

Signature of Principal:

Date

AT RISK TEACHERS/STAFF INCLUDE P.E. TEACHERS AND COACHES, PRIMARY TEACHERS AND AIDES, EXTENDED DAY CARE WORKERS, MAINTENANCE PERSONNEL AND THOSE WHO ARE HEALTH ROOM AIDES.

Note: Maintain this record for the duration of employment plus 30 years.

**INFORMED REFUSAL OF AT RISK TEACHERS/STAFF
FOR HEPATITIS B VACCINATION**

I, _____, am employed by
School, as a _____
(job title).

My employer has provided training to me regarding the Hepatitis B vaccine. I understand the effectiveness of the vaccine, the risks of contracting Hepatitis B in the school setting and the importance of taking active steps to reduce the risk.

However, I, of my own free will and volition, and despite my employer's urging, have elected not to be vaccinated against Hepatitis B. I have personal reasons for making the decision not to be vaccinated. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Date

Signature

Witness

Name

Witness

Address

City

State

Zip

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