



THE VILLAGE OF ROYAL PALM BEACH

CONSENT FOR HEPATITIS B VACCINE

SECTION 1. I hereby give my consent to be inoculated against Hepatitis B. I have been given the opportunity to ask questions about the inoculation and risks involved. All my questions were answered to my satisfaction. I understand that the adverse reactions, so far observed, are usually limited to localized redness or soreness. Other adverse reactions could become apparent in the future with more extensive use of the vaccine. I realize that I should not take this vaccine without a written release from my physician, if pregnant or nursing, because effects at this time are unknown. I further understand that I should not take the vaccine if active infection is present or I have a known allergy to the compounds.

Witness (Department Director)

Signature of Employee Inoculated

Date

Date

Employee Name (typed/printed)

RELEASE FROM HEPATITIS B VACCINATION

SECTION 2. 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 the Hepatitis B vaccine, at no charge to myself. However, 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.

Signature

Date

Employee Name (typed/printed)

SECTION 3. I have received the Hepatitis B vaccine in the past.

Signature

Date

Employee Name (typed/printed)