

_____ **SCHOOL DISTRICT**

AUTHORIZATION TO ADMINISTER HEPATITIS B VACCINE

To the employee:

Use this form to document your receipt of the Hepatitis B vaccine series. Return it to the District Office upon completion **of each shot in the series** so that your participation in the Hepatitis B vaccine program can be documented. If you choose not to receive the Hepatitis B vaccine at this time, you must sign the declination form below and return it to the Personnel Office on or before the date of the first scheduled injection.

RECORD OF HEPATITIS B VACCINATION

Employee's Name _____

Employee's Date of Birth _____

First Injection

_____	_____	_____	_____
Vaccine Lot number	R or L Deltoid	Date received	Technician's initials

Second Injection

_____	_____	_____	_____
Vaccine Lot number	R or L Deltoid	Date received	Technician's initials

Third Injection

_____	_____	_____	_____
Vaccine Lot number	R or L Deltoid	Date received	Technician's initials

I DECLINE THE TITER BLOOD DRAW

Comments: _____

Fill out this section only if you are choosing to not receive the vaccination at this time:

HEPATITIS B VACCINATION DECLINATION

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.

Signature _____ Date _____

Print Name _____