



# HEPATITIS B VACCINE CONSENT/WAIVER AND VACCINATION RECORD

Last name	First name	MI	Date of birth
Home address			
Facility/worksite	Position/job title	Work number	

I have had the opportunity to review the information and ask questions regarding the following:

- Updated information on Bloodborne Pathogens (BBPs), including the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), the use of and the requirements for Personal Protective Equipment (PPE), standard precautions, post-exposure evaluation, and follow-up procedures.
- The state of Washington, Department of Corrections (DOC) Hepatitis B Vaccine program.

After evaluating the advantages and disadvantages of the vaccine program, I elect:

**TO PARTICIPATE**

I understand that:

- The hepatitis B vaccination series is voluntary and offered at no cost to me and I have received the vaccination information sheet,
- A series of two to three (2-3) immunizations with hepatitis B vaccine is necessary depending on indication in order to develop protective antibodies, and
- I may not be able to develop protective antibodies.

I authorize sharing of this information with the Washington Immunization Information System.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**NOT TO PARTICIPATE**

- I understand that if an occupational exposure to blood or body fluids occurs, I may be at risk of acquiring hepatitis B virus infection.
- I have been given the opportunity to be vaccinated with hepatitis B vaccine at no cost to me.
- I understand that not being vaccinated leaves me at risk of acquiring hepatitis B, a serious disease.
- I am declining the hepatitis B vaccine at this time, however, if in the future I continue to have occupational exposure to blood or body fluid and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no cost to me.

I have previously received the series.

I do not feel I need the series.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

