**Hepatitis B Vaccine Series Consent/Declination Form**

Per PRH-6, 6-10, R1 (d,2), at a minimum, hepatitis B vaccine shall be provided to health personnel and health occupations training students. Vaccination consent/declination must be documented in the staff member’s personnel file or student health record. Vaccination of health occupations training students must begin 6 weeks prior to on-site clinical work experience. This vaccine may be made available to other students at the center’s discretion.

Check one:

­­­\_\_\_\_\_ I have agreed to receive the hepatitis B vaccine series. I have been given the Vaccine Information Sheet (VIS), and have had the opportunity to ask questions. I understand that I will be given the series of three immunizations within 6 months.

\_\_\_\_\_ I have decided at this time to decline the hepatitis B vaccine series. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus if I decline this vaccination. I have been given the opportunity to be vaccinated with hepatitis B vaccine. If in the future I want to be vaccinated against hepatitis B, I can receive the vaccination series.

Printed name of employee/student Date

Employee/student signature Date

Person administering vaccine signature Date