



**Hepatitis "B" Vaccination**  
Consent/Declination Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one of the following and sign at the space provided.

- I have read the information about Hepatitis B and the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of Hepatitis B immunization. I agree to receive the three doses required for the optimum immune response. However, as with all medical treatment, I understand there is no guarantee that I will become immune or that I will not experience adverse side effects from the vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 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 (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to me. 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 want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I have already received the Hepatitis B vaccination and do not wish to receive the Hepatitis B vaccination being offered by the Kent Island Volunteer Fire Dept., Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of vaccination verification must be received from the employee and maintained in the employee's file for thirty (30) years post employment.

The original of this form is to be maintained in the employee's file for thirty (30) years post employment.

The records of the employee's Hepatitis B vaccination will be maintained by the Queen Anne's County Health Department for thirty (30) years.