

**To be filled out by all Plant Operations, Campus Safety, Athletic Trainers and
Equipment Room employees.**

HEPATITIS B VACCINATION CONSENT FORM

Name:	Date of Birth:
Address:	Phone #:
Department and Position:	Supervisor:

Consent to Vaccinate:

I have requested Muhlenberg College Health Services to provide me with the Hepatitis B Vaccine. I understand that, as in the use of any vaccine, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine. I am aware that the course of vaccination requires one month and six month interval injections to confer immunity and that I am responsible to report to Health Services for the vaccination.

I have read or have had explained to me the information about Hepatitis B and Hepatitis B vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis B vaccine. I have been given and read the "Hepatitis B Vaccine" Vaccine Information Statement (VIS Date 07/18/07). **I request that the Hepatitis B Vaccine be given to me.**

I hereby assume all risks associated with the administration of this injection and agree to release and hold harmless Muhlenberg College, its officers, agents, licensed Health Center staff, and employees from any and all liability associated with receipt of this vaccine.

Signature of Employee

Date

Signature of Witness

Date

*Individuals allergic to yeast or who are pregnant need to be counseled by their physician and have their physician's documentation of approval to receive the vaccine.

Name:	Date of Birth:
--------------	-----------------------

Please answer the questions below.

Date of Visit			
Do you have a history of Hepatitis B infection?			
Have you ever had an allergic reaction to any vaccine, including the Hepatitis B Vaccine?			
Are you allergic to baker's yeast?			
Are you moderately or severely ill at this time or do you have a fever (>100.5°)?			
Do you have a history of immunodeficiency, recent steroid use, HIV/AIDS, or cancer?			
Are you pregnant?			
<i>For Nurse: Instructed patient on vaccine side effects</i>			
<i>Nurse Initials</i>			

<p>Hepatitis B Vaccine</p> <p>Dose 1. Date: _____ Site _____ MFG/ Lot # _____</p> <p>Employee Signature: _____</p> <p>Nurse Signature: _____</p>
<p>Hepatitis B Vaccine</p> <p>Dose 1. Date: _____ Site _____ MFG/ Lot # _____</p> <p>Employee Signature: _____</p> <p>Nurse Signature: _____</p>
<p>Hepatitis B Vaccine</p> <p>Dose 1. Date: _____ Site _____ MFG/ Lot # _____</p> <p>Employee Signature: _____</p> <p>Nurse Signature: _____</p>

HEPATITIS B VACCINE DECLINATION

Name: _____ Date of Birth: _____

Department and Job Title: _____

Please sign here if you have received the Hepatitis B Vaccine series of three injections elsewhere. Therefore, you are declining Hepatitis B Vaccination through Muhlenberg College.

Employee Signature

Date

Witness

Date

Please provide the dates of your previous Hepatitis B Vaccine if you know them.

Hep. B Vaccine #1 _____, #2 _____, #3 _____

Complete this section below if you do not want the Hepatitis B Vaccine.

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.

Employee Signature: _____ Date: _____

Witness: _____ Date: _____