

## CONSENT FOR HEPATITIS B VACCINATION

After having completed an informative training session on bloodborne pathogens, I hereby request and give my consent to be vaccinated against Hepatitis B.

I understand that the vaccine used is prepared from yeast cultures and is free of association with human blood or blood products.

I understand that this vaccination is a series of three injections being given on Day 1, Day 30, and Day 180.

I also understand that not all people will develop antibodies to Hepatitis B virus upon completion of the vaccination series.

To the best of my knowledge, I am not pregnant at this time, nor am I allergic to yeast.

I do understand the most frequent adverse reaction from the injection may be pain or swelling at the site of the injection. Slight elevation of temperature and general malaise may also be experienced. Other less common reactions may occur, and I have been given the opportunity to ask about these.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Injection #1 \_\_\_\_\_ Lot # \_\_\_\_\_ Given by: \_\_\_\_\_

Injection #2 \_\_\_\_\_ Lot # \_\_\_\_\_ Given by: \_\_\_\_\_

Injection #3 \_\_\_\_\_ Lot # \_\_\_\_\_ Given by: \_\_\_\_\_

Titer \_\_\_\_\_ Results \_\_\_\_\_ Given by: \_\_\_\_\_

### PHYSICIAN /EMPLOYEE:

PLEASE RETURN THIS COMPLETED FORM TO DELANO USD HUMAN RECOURSES DEPT.

### HUMAN RESOURCES:

FILE IN EMPLOYEE'S PERSONNEL FILE