



## Hepatitis B Consent and Declination Statement

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### PLEASE READ BEFORE SIGNING

All medicines may cause side effects, but most recipients of the vaccine have few or no side effects. The most commonly reported side effects include diarrhea, dizziness, fatigue, a general feeling of discomfort, headache, irritability, loss of appetite, mild fever or sore throat, nausea, pain, swelling, or redness at the injection site, runny nose, tiredness, weakness. In rare cases, more severe side effects may occur, including rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips, or tongue, unusual hoarseness, fainting, fast or irregular heartbeat, red, swollen, blistered, or peeling skin, severe or persistent dizziness, unusual bruising or bleeding. In case of such reactions, seek immediate medical care or attention. If the vaccine does not lead to the desired immunity (because I do not complete the three-dose series, or I choose not to receive supplemental injections if the first series does not develop immunity), or if I choose not to receive the vaccine at this time, I understand that I will need post-exposure treatment if I have a direct contact with blood, other body fluids, or other actually or potentially infected items, in order to address potential exposure concerns.

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 me; 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.

I have read and understand the above information and wish to receive the hepatitis B vaccine series (three doses). I have no known sensitivity to yeast and I am unaware of any reason why the vaccine may cause me harm or lead to an adverse reaction.

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