



Jajjaz Home, LLC

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HEPATITIS B VACCINATION CONSENT

As an employee having occupational exposure to potentially infectious materials, you will have the right to receive the Hepatitis B vaccination series, free of cost to you. Please read the Hepatitis B Vaccination information sheet and complete this form by checking the box preceding the appropriate statement and signing, dating and indicating your Social Security Number at the bottom. Thank you!

Consent

As a healthcare professional having occupational exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed about and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my current employer). I understand that I must have 3 doses to vaccine develop immunity. However, as with any medical treatment, there is no guarantee that I will not experience any adverse side effect from the vaccine. I accept the offer at this time.

Declination (GENERAL)

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 by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, while actively working at Jajjaz Home, LLC, if 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 it at no charge to me.

I am declining the opportunity to receive the Hepatitis B vaccination series for the following reason:
(please check one)

I have previously received the complete Hepatitis B vaccination series.

(Please complete the Vaccination Record information below.)

Antibody testing has revealed I am immune to Hepatitis B.

Vaccination Date: _____

The vaccine is contraindicated for medical reason.

Describe: _____

Other, explain:

Declination (SPECIFIC)

Vaccination Record

	Dose	Date Vaccinated	Lot #	Expiration Date	Given by
<input type="checkbox"/>	Dose 1				
<input type="checkbox"/>	Dose 2				
<input type="checkbox"/>	Dose 3				

Employee Social Security Number _____

Employee Signature _____

Date _____

Employee Name (Please Print) _____