

Attachment 3
Hepatitis B Vaccination Disclosure Form

(Sheet 1 of 1)

Name (Please Print): _____ Date of Birth: ____/____/____

As a result of the nature of my occupational duties at WAS, there is a substantial risk of direct contact with blood or other potentially infectious materials which have been determined as likely to transmit the Hepatitis B virus. I have received Bloodborne Pathogen Training and am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of the WAS Exposure Control Plan and as a covered employee I can receive vaccination against Hepatitis B at no cost.

INSTRUCTIONS: Place a check in either A, B or C box below that best describes your intent.

Yes, I'd like to get a Hepatitis B vaccine. Vaccination will be provided by the Charter Oak Medical Center, 324 Flanders Rd East Lyme CT. Their telephone number is 860-739-6953

A. CONSENT FOR HEPATITIS B VACCINE.

In accordance with the WAS Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination. The vaccine will be administered during working hours at Charter Oak Medical Center.

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my professional responsibilities.
3. I have read the information sheet that lists the indications, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
6. In the event that I should terminate employment at WAS prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature: _____ Date: _____

B. I ALREADY RECEIVED THE HEPATITIS B VACCINE.

I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believed to be effective for life. I further understand that I will be contacted by a WAS representative if new information becomes available contradicting this belief.

Employee Signature: _____ Date: _____

C. I DECLINE TAKING THE HEPATITIS B VACCINE. (DECLINATION STATEMENT).

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.

Employee Signature: _____ Date: _____