BLOOMFIELD HILLS SCHOOLS
VOLUNTARY STAFF IMMUNIZATION-HEPATITIS B VACCINATION CONSENT/DECLINATION

Directions: Please print the following information:

NAME: _____
(Last) (First) (Middle)

PRESENT ASSIGNMENT: _____
(Job Title)

PRESENT LOCATION: _____
(Building)

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 infection. I have been given the opportunity of receiving Hepatitis B vaccine, at no charge to me.

_____ Initial Any workers who have reasonably anticipated contact with blood or other potentially infectious materials, during performance of their jobs are considered to have occupational exposure and to be at risk of being infected. Workers infected with HBV face a risk for liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer. A small percentage of adults who get hepatitis B never fully recover and remain chronically infected. In addition, infected individuals can spread the virus to others through contact with their blood and other body fluids.

_____ Initial The hepatitis B vaccination is a non-infectious, vaccine prepared from recombinant yeast cultures, rather than human blood or plasma. There is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine. To ensure immunity, it is important for individuals to complete the entire course of vaccination. The great majority of those vaccinated will develop immunity to the hepatitis B virus. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers.

_____ Initial I have watched the Blood Borne Pathogens Training video or have been advised to complete the online training module.

HEPATITIS B VACCINATION
(Please read carefully and check one (1) of the following):

_____ I wish to receive the Hepatitis B vaccine.

_____ I decline the Hepatitis B vaccine at this time. 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 _____

Return to the Human Resources Office