

Darien Public Schools

Department of Nursing Services  
80 High School Lane, Darien, CT 06820 ~ 203-655-3981 ext. 2304

**HEPATITIS B VACCINATION CONSENT/DECLINE FORM**

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Title/Position: \_\_\_\_\_ School \_\_\_\_\_

Phone: W: \_\_\_\_\_ H: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Because of the nature of your job, school employees may be at risk for occupational exposure to blood or body fluids. Hepatitis B virus can be transmitted through blood or body fluids and can cause serious liver disease. Employees who wish to protect themselves from Hepatitis B may receive a standard series of three Hepatitis B vaccinations.

I understand that my job puts me at risk of occupational exposure to blood or body fluids, which thereby puts me at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated against Hepatitis B at no charge to myself. At this time I choose the following:

\_\_\_\_\_ I am **requesting to receive** the Hepatitis B Vaccine series of **3 vaccinations** to be given over the course of **6 months**.

\_\_\_\_\_ I am **declining** the vaccine because **I have had the Hepatitis B Vaccine already**.

\_\_\_\_\_ I am **declining** the vaccine because **I have been tested for Hepatitis B immunity and I am immune\* to Hepatitis B virus**.

\_\_\_\_\_ I am **declining** the vaccine because **I do not wish to receive it**.

**NOTE TO EMPLOYEE WHO DECLINES TO RECEIVE THE HEPATITIS B VACCINE:** I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline the Hepatitis B Vaccine 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 the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me. I and my successors and assigns hereby release and hold harmless Darien Public Schools, the municipality, and its agents and employees from claims, damages and/or liabilities incurred as a result of my failure to receive the Hepatitis B Vaccine.

Employee Name Printed: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Darien Public School System has contracted with American Family Care to provide Blood borne Pathogen Prevention Services. If you have elected to receive the Hepatitis B Vaccine Series, **you can arrange to receive these services at no cost to you by calling American Family Care at 203.845.9100 or going to the American Family Care Facility at 607 Main Avenue, Norwalk, CT 06851. Please bring a copy of this form with you to your first vaccination appointment and return a copy to Alicia Casucci, Director of Nursing Services, DHS.**

**Questions? Please contact Alicia Casucci, APRN, Director of Nursing Services at Darien High School at 203.655.3981 x 2304.**