

TOWN OF TRUMBULL

INFECTION CONTROL POLICY AND PROCEDURE

HEPATITIS B VACCINATION REQUEST/DECLINATION FORM

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

1. I am requesting to receive the Hepatitis B Vaccine: \_\_\_\_\_

2. Have you had the Hepatitis B Vaccine previously? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes: When did you receive it? \_\_\_\_\_

Where did you receive it? \_\_\_\_\_

What were the results? \_\_\_\_\_

3. Have you had any immunity status testing for Hepatitis B? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes: When did you receive it? \_\_\_\_\_

Where did you receive it? \_\_\_\_\_

What were the results? \_\_\_\_\_

4. I understand the sequence of receiving the Hepatitis B Vaccine series is:

an initial dose, the second dose one month later, and the last dose six months after the initial dose.

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

5. I decline 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 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 that 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.

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

TOWN OF TRUMBULL

CONSENT FOR ADMINISTRATION OF HEPATITIS B VACCINE

1. DESCRIPTION OF THE DISEASE AND VACCINE

- A. Hepatitis is an inflammation of the liver. Hepatitis B, also known as serum hepatitis, the most common type of hepatitis is caused by a virus. The incubation period ranges from 60 - 180 days. Many chronic carriers of the virus have no symptoms, but can continue to transmit the disease to others. Vaccination is one way to protect employees against infection from Hepatitis B.
- B. The vaccine is contra-indicated in patients with hypersensitivity to yeast or any component of the vaccine.
- C. After you have been informed about the benefits and risks, you should also consider the following when making your decision to agree to the vaccination:
  - 1. The hepatitis vaccine does not protect you against other types of hepatitis.
  - 2. 85% - 90% of people who receive the vaccine are protected from Hepatitis B for 3 to 5 years.
  - 3. All three (3) doses of the vaccine are usually required to achieve immunity. However there is no guarantee that you will become immune after receiving the vaccine.
  - 4. Some people, who are already infected with the disease when they are vaccinated, may still develop the disease.

II. CONSENT FOR ADMINISTRATION OF HEPATITIS B VACCINE

- A. I have been informed about the risks, contraindications and benefits of the Hepatitis B vaccine.
- B. I understand this information and have had the opportunity to discuss this information and ask questions, with a physician.
- C. I also understand that my consent to accept the vaccine is voluntary and will not affect my job status in any way.
- D. I grant permission for the Town of Trumbull to administer three (3) doses of the Hepatitis B vaccine to me.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS/TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
(If employee is under 18 years of age)