

APPENDIX D

Employee Consent to Hepatitis B Vaccination

I understand that because of my position I may have exposure to the Hepatitis B virus through exposure to blood or other potentially infectious materials. I hereby give my consent to receive the Hepatitis B vaccination series.

I have received information that because of the vaccination, I may experience some side effects such as

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|-----------------------------------|--------------------|
| 1. Soreness at the injection site | 5. Local reaction |
| 2. Fatigue | 6. Rash |
| 3. Fever | 7. Headache and/or |
| 4. Joint pain | 8. Dizziness |

I certify that I have received training on Hepatitis B infection and immunization, and I understand the potential hazards. I have received information on the procedure for obtaining the Hepatitis B series, at no charge, at the Kent State University Health Services. I will schedule an appointment at a suitable time.

Employee Name

Employee Signature

Date

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Employee Declination to Receive Hepatitis B Vaccination

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 received the opportunity for vaccination with hepatitis B vaccine, at no charge to myself. 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 the vaccination with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date

Signature – Employee

Date

Signature – Witness

* Maintain signed form in the department and send a copy of this form to EHS office at EHS@kent.edu