

CHIPPEWA VALLEY SCHOOLS

HUMAN RESOURCES

VOLUNTARY EMPLOYEE IMMUNIZATION-HEPATITIS B VACCINE

DIRECTION: Please print the following information.

Name: _____

Last

First

Middle

Present Assignment: _____

Job Title

Present Location: (Building) _____

Last four digits of SSN: _____

Direction: Please read carefully and **CHECK ONLY ONE BOX.**

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I WOULD LIKE THE HEPATITIS B VACCINATION

1. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk acquiring the Hepatitis B virus (HBV) infection.
2. I have been given the opportunity to be vaccinated with Hepatitis B vaccine by medical personnel designated by the Employer at no charge to myself.
3. I authorize such medical personnel designated by the employer to give me the Hepatitis B vaccine.

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I DECLINE THE HEPATITIS B VACCINATION

1. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may risk of acquiring Hepatitis B virus (HBV) infection.
2. I have been given the opportunity to be vaccinated with Hepatitis B vaccine by medical personnel designated by the Employer at no charge to myself. However, I decline Hepatitis B vaccination at this time.
3. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.
4. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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I HAVE ALREADY RECEIVED THE HEPATITIS B VACCINATION

Signature of Employee

Date