

HEPATITIS B VACCINE CONSENT/DECLINATION FORM

Print Name: _____ Date: _____

School: _____ Department: _____

I understand the benefits and risks involved with receiving the Hepatitis B Vaccine. I understand that three doses of the vaccine are necessary to confer immunity. The second and third doses are administered at one and six months after the initial dose. I understand that I may discontinue the vaccinations at any time but that I may not have developed immunity at that point. There is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. If I decline the Hepatitis B vaccination at this time, I understand that 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 understand that if I have previously received the vaccine, I do not need to repeat the doses. I have had the opportunity to ask questions about the disease and vaccine. I know where to go if I have questions in the future.

Please check off the appropriate box below:

I have already been vaccinated with the full or partial series of the Hepatitis B vaccine.

Date(s) of Shot(s): _____

Place where shot(s) were received: _____

I understand the above information and **do not** wish to receive the Hepatitis B vaccination series.

I understand the above information and wish to receive/complete the Hepatitis B vaccination series. (A copy of the immunization record and consent form will be sent to the District at the time of billing)

Please sign and date:

Employee Signature

Date

Return to Judy DeWeese, RN, LSN, Tokata Learning Center

Hepatitis B

Hepatitis B is a disease caused by a virus and can cause chronic liver disease. It is spread through contact with body fluids, especially blood, of an infected person. It is usually spread by sexual contact or by blood-to-blood exposure. Because people infected with Hepatitis B may not have any obvious symptoms, it is impossible to know if a person is infected.

Employees whose job description indicates that they may come in contact with blood and/or body fluids in the course of their work are offered the opportunity to be vaccinated against Hepatitis B at the school district expense. Employees in the following categories are eligible for Hepatitis B vaccination through a reimbursement program: special education teachers and paraprofessionals, coaches and trainers for contact sports, playground supervisors, nurses, secretaries who work in the health office, health office substitutes, custodians, laundry personnel, preschool(Stepping Stone) and preschool family literacy.

Hepatitis B vaccination is very effective in protecting against the disease. It is a series of three doses given over a 5 month period of time. There is very little discomfort from the shots and almost no side effects have been reported.

If you are an employee in one of the eligible categories above and do not wish to receive these vaccinations, please sign the "Hepatitis B Vaccine Consent/Declination Form" form declining the series. If you are a new employee and have received the series elsewhere, please fill in the dates of your vaccination on this Form. If you would like to receive information on how to obtain the Hepatitis B vaccination and the reimbursement program, indicate it on the form and return the form to Judy DeWeese, School Nurse at Tokata Learning Center. You may contact Judy DeWeese with your questions by email at jdeweese@shakopee.k12.mn.us or by phone at 496-5987.