

HEPATITIS B VACCINE AUTHORIZATION / DECLINATION

Hepatitis, caused by the Hepatitis B virus, is preventable through vaccination. There are hundreds of thousands of people infected every year in the U.S. Hepatitis is a serious infection of the liver, which in a few cases may be fatal or cause other to become chronic carriers, to develop chronic liver disease, cirrhosis and/or liver cancer. The Hepatitis B virus is transmitted through contact with infected blood and body fluids.

DuPage County provides Hepatitis B immunizations to employees at risk of exposure to blood and body fluids. According to guidelines set by the Center for Disease Control, the following employees are recommended to receive Hepatitis B vaccine: Emergency Response Team Members.

The Hepatitis B vaccine is generally tolerated well. As with any vaccine, there is a possibility that an adverse reaction may occur. For specific questions on possible reactions, please consult your family physician. The company will not be held responsible for any adverse side effects. Contraindications are: 1) pregnancy or those who may become pregnant in three months, 2) nursing mothers, 3) or hypersensitivity to yeast or any other component of the vaccine.

The vaccine is offered at no charge to those personally determine to be at risk for exposure to blood, body fluids, or needle stick injuries. Please sign the authorization OR declination to receive Hepatitis B vaccination and return this form to the Safety Supervisor.

HEPATITIS B VACCINE AUTHORIZATION

My signature below certifies that I have read and understand the information on Hepatitis B vaccinations. I understand the intent of this notification and have no questions at this time. If I do have questions later I can ask my Supervisor or Risk Management Coordinator. I consent to receive the Hepatitis B immunizations.

Signature of Employee	Printed Name	Position	Date
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Signature of Witness	Printed Name	Position	Date
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HEPATITIS B VACCINE DECLINATION

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 (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the 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 be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee	Printed Name	Position	Date
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Signature of Witness	Printed Name	Position	Date
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