

APPENDIX C EMPLOYEE

University Police and Safety Office, 231-7759

NDSU Occupational Health and Safety Program for Animal Care & Use

EMPLOYEE HEPATITIS B VACCINATION SERIES CONSENT/DECLINATION FORM

I, an employee of this facility, 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. Hepatitis B virus is a viral infection with a major effect on the liver. Due to this potential, I have been offered the Hepatitis B vaccination series, which is 98% effective in preventing Hepatitis B.

I understand that the vaccination series will include an initial dose followed by a 2nd dose one month later, 3rd dose taken six months after the first. Antibody testing is performed 1-2 months after the third dose to assure antibody production.

An evaluation by a Healthcare Professional as to the indication for the Hepatitis B vaccination, potential side effects, contraindications, and answers to any questions I may have will be provided prior to the series.

I have been informed that this vaccine and vaccination series will be:

- At no cost to me, the employee, and assumed by my department and offered at a reasonable time and place.
- Provided under the supervision of a licensed physician, or by or under the supervision of another licensed healthcare professional.
- Provided in accordance with recommendations of the U.S. Public Health Service.
- Provided all laboratory tests conducted by an accredited laboratory at no cost to me, the employee, but assumed by my department.
- My responsibility to complete the series and follow medical recommendations.

Please Sign Choice 1), 2), or 3) Below

1) I, _____ (Name of Employee), on _____ (Date), **CONSENT** to the Hepatitis B vaccination series and follow-up as recommended by the U.S. Public Health Service, offered by my employer, and as stated above.

Please provide a copy of this form to the Medical Provider

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 by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future should I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

2) I, _____ (Name of Employee), on _____ (Date), **DECLINE** the HBV vaccination series and follow-up.

3) I, _____ (Name of Employee), on _____ (Date), **DECLINE** the HBV vaccination series and follow-up based on the fact that I have previously had the vaccination series.

_____ (Employee's Signature) _____ (Date)

_____ (Employee's Job Classification)

_____ (Supervisor's Signature) _____ (Date)

Date of Hire	Date of Consent or Decline	Date of Dose 1	Date of Dose 2	Date of Dose 3	Date of Titer	HCP Written Opinion and Vaccine Data on File?

This report will be maintained in HR/PR confidential Employee Medical Record File