San Diego Unified
SCHOOL DISTRICT

Nursing & Wellness Program

HEPATITIS B VACCINATION FORM

Employee Name (Print): _____ Employee I.D. #: _____
Last First MI

Work Location: _____ Position: _____

Telephone # - Work: _____ Home: _____ Email: _____

I have been informed of the symptoms and modes of transmission of blood borne pathogens including Hepatitis B virus (HBV). I know about the district's infection control program and understand the procedure to follow if an exposure incident occurs.

I understand that the Hepatitis B vaccine is available, at no cost, to employees whose jobs involve the risk of directly contacting blood or other potentially infectious material. I understand that vaccinations shall be given according to recommendations for standard medical practice in the community.

DECLINATION OF VACCINE:

I understand that due to my occupations exposure to blood or other potentially infectious materials I may be at risk of acquiring 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 Hepatitis B vaccination at this time. I under-stand 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 Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____/_____/_____
Employee's Signature Date

Optional Information:

Reason for Declination:
- ❑ Already vaccinated
- ❑ Allergic to yeast
- ❑ Prefer to consult my doctor before accepting vaccine
- ❑ Other

ACCEPTANCE OF VACCINATION:

I accept San Diego Unified School District's offer for the Hepatitis B vaccination.

_____ _____/_____/_____
Employee's Signature Date

Declination: *Send original copy to Luisa Monson, Cardinal Lane, Annex B, Nursing & Wellness Program.*
Give a copy to your supervisor to be kept in site file.

Consent: *Bring form to scheduled appointment.*