

Dickinson

Hepatitis B Virus Vaccination Disclosure Form

Name (Please Print): _____ Department: _____

Date of Birth: ____/____/____ Banner ID: _____

Because of the nature of my occupational duties at Dickinson College, there is a substantial risk of direct contact with blood or other potentially infectious materials, which have been determined as likely to transmit the Hepatitis B virus. I have received **Bloodborne Pathogen Training** and am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of Dickinson College's Bloodborne Pathogen Exposure Control Plan, and as a covered employee under Dickinson College's Occupational Health Program, I can receive vaccination against Hepatitis B at no cost.

Instructions: Place a in either box A, B, C, or D below that best describes your intent.

Yes, I would like to receive a Hepatitis B vaccine.

Consent for Hepatitis B Vaccine. In accordance with Dickinson College's Bloodborne Pathogen Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination. The vaccine will be administered during working hours by All Better Care.

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring Hepatitis B because of the nature of my professional responsibilities.
3. I have read the information sheet that lists the indications, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand, however, as with all medical treatment, there is no guarantee that I will become immune, or that I will not experience an adverse reaction to the vaccine.
6. In the event that I should terminate employment at Dickinson College prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature: _____ Date: _____

Authorization: The Safety & Emergency Management Specialist is acknowledging that the employee named hereon, has been provided with the separate vaccine consent form and is hereby authorized to commence the Hepatitis B vaccination series.

Safety & Emergency Management Specialist

Date

If you have checked the box above to consent to vaccination, an additional consent form will be provided by the Safety & Emergency Management Specialist. The form you receive needs to be taken with you to your first appointment. Upon receipt of your third vaccination, the physician will then return it to Dickinson College's Human Resources.

I already received the Hepatitis B vaccine.

Previous Immunization with Hepatitis B Vaccine. I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believed to be effective for life. I further understand that I will be contacted by Dickinson College's Human Resources Department if new information becomes available contradicting this belief.

Date of Vaccination(s):

Employee Signature: _____ Date: _____

I would like a Titer to confirm my immunity to Hepatitis B.

I am not sure if I have received the Hepatitis B vaccination series and would like to request a titer test (blood test that confirms the presence of the vaccine).

Employee Signature: _____ Date: _____

Authorization: The Safety & Emergency Management Specialist is acknowledging that the employee named above, has been provided with the separate titer consent form and is hereby authorized to receive his or her titer through All Better Care.

Safety & Emergency Management Specialist

Date

I DECLINE receiving the Hepatitis B vaccine.

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 me. 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 the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials, and I wish to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____ Date: _____

When finished, click here to automatically
return form to the Department of Compliance &
Enterprise Risk Management >