

CLARK STATE COMMUNITY COLLEGE

CONSENT/DECLINATION FORM
HEPATITIS B VACCINE

Name _____ Program _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have received information about the hepatitis B vaccine, and I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I choose to take the hepatitis B vaccine.

Signature _____ Date _____

DECLINATION

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 hepatitis B vaccine, I will make my own arrangements to receive the vaccine.

I decline hepatitis B vaccine at this time.

I have already received the hepatitis B vaccine.

Signature _____ Date _____

Please return this form to the Health Clinic, Rhodes Hall room 120.