



PRINCE GEORGE'S COMMUNITY COLLEGE HEPATITIS B VACCINE CONSENT OR DECLINATION FORM

SECTION A – CONSENT TO VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring an infection from bloodborne pathogens, including the Hepatitis B Virus (HBV).

I acknowledge that I have been informed about:

- The symptoms and potential health risks associated with HBV and other bloodborne pathogens;
- The methods of transmission; and
- The availability and benefits of the Hepatitis B vaccine.

I understand that the Hepatitis B vaccination is available to me at no cost through Prince George's Community College. Based on this information, I hereby consent to receive the Hepatitis B (HBV) vaccination.

CONSENT: I ACCEPT the Hepatitis B vaccination.

SECTION B – DECLINATION DUE TO PREVIOUS VACCINATION

I have previously received the Hepatitis B vaccination series (three doses).

Provider Name: _____ Date Series Completed: _____
(Please attach supporting vaccination documentation.)

SECTION C – DECLINATION OF VACCINATION

I 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.

I have been given the opportunity to receive the Hepatitis B vaccine at no cost; however, I decline vaccination at this time. I understand that by declining this vaccine, I remain at risk of acquiring Hepatitis B, a serious disease. If I later decide to receive the vaccine while still at risk, I may request the vaccination series at no cost to me.

DECLINATION: I DECLINE the Hepatitis B vaccination.

EMPLOYEE INFORMATION

Employee Name (Print): _____ Employee ID Number: _____

Job Title: _____ Division/Department: _____

Date: _____ Employee Signature: _____