

## Hepatitis B Immunization Consent/Refusal Form

Please check one:

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**Yes, I want to receive the Hepatitis B vaccine.**

I read the information given to me about Hepatitis B virus and Hepatitis B vaccine and I had the opportunity to ask questions. My questions were answered.

I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

	<u>Date Given</u>	<u>Lot #</u>	<u>Administered By</u>	<u>Next Date Due</u>
1st Dose				
2nd Dose				
3rd Dose				

☐

**No, I don't want to receive the Hepatitis B Vaccine.**

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I **decline** Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease.

If in the future I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge to me.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Corum Human Services LLC

\_\_\_\_\_  
Facility  
433 Lily's Way, Winchester, Virginia 22602  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Privacy Act Statement:

This information is sensitive and is protected by the Privacy Act of 1974 (5 U.S.C. 552a). The records will be stored in locked file cabinets or locked rooms. Electronic records will be protected by restricted access procedures and audit trails. Access to records will be strictly limited to agency or contractor officials with a bona fide need for the records and in accordance with the system of records notice, OPM/GOVT-10. These records are essentially considered to be part of the Employee Medical Folder (EMF). Though they may be maintained securely on site during the period of employment, post-employment records must be transferred to the National Personnel Records Center. Any copies of original records must be destroyed either by shredding, burning or by erasing the disk. Those employees tasked with storing and maintaining such records must read and be familiar with [OPM/GOVT-10](#).