KENNESAW STATE UNIVERSITY FACILITIES SERVICES Environmental Health and Safety	Hepatitis B Vaccine Consent/Declination Fo	rm	
EOSMS–215-1 Effective Date: 08/01/2018	FORM_EHS_01	Page 1	
Employee name KSU ID #			
Employee email			
Department	Supervisor	-	
Hepatitis B Vaccine Consent Statement			
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection and may require vaccination for Hepatitis B. With this understanding, I've made my selection below:			
Check One:			
I would like to receive the Hepatitis B Vaccination through my employer, Kennesaw State University.			
I was previously vaccinated for Hepatitis B outside of Kennesaw State University			
Location Date Series Was Completed			

_____ I wish to decline the Hepatitis B vaccination at this time, and I agree to and understand the information contained in the Hepatitis B Vaccine Declination Statement below.

Hepatitis B Vaccine Declination Statement

The following statement declining the Hepatitis B vaccine must be signed by any employee who is at risk to occupational exposure to Hepatitis B Virus (HBV), and he/she:

- Has been offered the vaccine at no cost,
- Chooses <u>not</u> to accept the vaccine, and
- Has received training regarding Hepatitis B, Hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination.

I understand that due to my occupational exposure to human 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 the Hepatitis B vaccine at no charge to myself.

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 human blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature:		Date:
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Note: This statement is not a waiver. Employees can request and receive the Hepatitis B vaccination at any time if they remain occupationally at risk for Hepatitis B Virus.