

AUTHORIZATION / DECLINATION TO RECEIVE IMMUNIZATIONS

Name: _____ DIN or N #: _____ Facility: _____

HEPATITIS B VACCINE

- I have received and read, or had explained to me, the current Vaccine Information Sheet (VIS) for Hepatitis B Vaccine. I have had the chance to ask questions and had them answered to my satisfaction and I understand the benefits and risks of the vaccination as described.**

I understand that due to my risk for occupational **or other risk** for 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 be vaccinated with Hepatitis B vaccine at no charge to myself.

I have made the decision noted below:

- Authorization to receive Hepatitis B Vaccine (Yes, I want the vaccine)**
I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me or to the person for whom I am authorized to provide consent.
- Declination to receive Hepatitis B Vaccine (No, I do NOT want the vaccine)**
I understand the benefits and risks of the vaccine requested and ask that the vaccine NOT be given To me or to the person above for whom I am authorized to provide consent.

I understand that by declining this vaccine, I or the person for whom I am authorized to consent to this request continues to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational or other exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at any time.

OTHER VACCINE(S)

- I have received and read, or had explained to me, the current Vaccine Information Sheet (VIS) for: _____. I have had the chance to ask questions and had them answered to my satisfaction.
- Authorization to receive the Vaccine (Yes, I want the vaccine)**
I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me or to the person for whom I am authorized to provide consent.
- Declination to receive the Vaccine (No, I do NOT want the vaccine)**
I understand the benefits and risks of the vaccine requested and ask that the vaccine NOT be given to me or to the person above for whom I am authorized to provide consent.

I understand that by declining (saying NO) this vaccine, I or the person for whom I am authorized to provide consent to this request continues to be at risk of acquiring the disease that the vaccine is intended to prevent.

Person to receive vaccination or legally authorized representative's signature _____
Date

Was an interpreter utilized in the informed consent process?

Yes _____ No _____