



HOPE FOUND INC.



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HEPATITIS B VACCINATION DISCLOSURE FORM

Name (Please Print): _____ Date of Birth: ____/____/____

CONSENT FOR HEPATITIS B VACCINE

As a result of the nature of my occupational duties at Hope Found, Inc there is a substantial risk of direct contact with blood or other potentially infectious materials which have been determined as likely to transmit the Hepatitis B virus. I am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of Hope Found Inc's Bloodborne Pathogen Exposure Control Plan and as a covered employee under Hope Found Inc's Occupational Health Program, I can receive vaccination against Hepatitis B at no cost.

In accordance with UTSA's Bloodborne Pathogen Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination.

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my professional responsibilities.
3. I have read the information sheet that lists the indications, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
6. In the event that I should terminate employment at UTSA prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature: _____ Date: _____

PREVIOUS IMMUNIZATION WITH HEPATITIS B VACCINE

I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believe to be effective for life. I further understand that I will be contacted by Hope Found Inc.'s Occupational Health Coordinator if new information becomes available contradicting this belief.

Employee Signature: _____ Date: _____

DECLINATION STATEMENT

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 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 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 can receive the vaccination serious a no charge to me.

Employee Signature: _____ Date: _____