

HEPATITIS B VACCINATION

CONSENT/DECLINATION FORM

INSTRUCTIONS

1. Complete the **Personal Information** section.
2. Read the **Consent** and **Declination** sections.
3. If you are consenting to receive the vaccination
 - a. Sign and date the **Consent** section;
 - b. Take this Consent/Declination form and your Miami University ID to Student Health Service to begin your Hepatitis B vaccination series.

Note: If you are **under 18** years of age, a parent or guardian must sign as witness to the Consent.

4. If you are declining to receive the Hepatitis B vaccination series at this time, sign and date the **Declination** section and return this form to the BBP Trainer.

To BBP Trainers: If the employee declines to participate in the Hepatitis B vaccination series, Miami University must retain the record for three(3) years. File in department's personnel records.

CONSENT

I have been provided with current information on Hepatitis B and the Hepatitis B vaccine. I have had the opportunity to ask questions about the benefits and risks of the Hepatitis B vaccine. I also understand that there is no guarantee that I will become immune and that there is a possibility that I may experience some adverse side effects from the vaccine. I hereby consent to being vaccinated against Hepatitis B and I will complete the three-dose series within six months.

(Females Only) I have been advised that studies have not been conducted to determine the effect of the vaccine on the developing fetus or whether it is passed through human breast milk. Therefore, the safety of the vaccine is not known in cases of pregnancy or in nursing mothers.

Agreement

I understand that by consenting to receive the Hepatitis B vaccine, I will report to the Student Health Service as scheduled and receive the three-dose vaccination series at no cost to me. Furthermore, I understand that if I do not complete the series as agreed, I will be held responsible for administrative fees equal to the cost of the vaccination series. I hereby authorize Miami University to deduct the fees as a Bursar payable if I do not complete the series within six months of this signing.

Consenting Employee's Signature and Date

Witness Signature and Date (Required)

PERSONAL INFORMATION

1. Banner + Number: _____
2. Printed Name: _____
3. Birth Date: _____ 4. Under 18? Yes No
5. Previous Vaccine: Have you ever received all or part of the Hepatitis B vaccination series? Yes No
If YES, provide month and year:
 1st _____ 2nd _____ 3rd _____
6. Department: Aquatics OPC
 RSC Facility Manager Sports Medicine ICA
 University Police Child Studies Goggin
 PFD/Recycling Other: _____
7. Job Title: _____
8. Telephone Number: _____
9. Supervisor's Name: _____
10. Supervisor's Telephone Number: _____

DECLINATION

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 infection. I have been given the opportunity to receive the Hepatitis B vaccine at no charge to me. However, I decline the Hepatitis B vaccination series at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the Hepatitis B virus that can lead to serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to receive the Hepatitis B vaccination series, I can receive it at no charge to me.

Declining Employee's Signature and Date

Witness Signature and Date (Required)

FOR OFFICIAL USE ONLY

- Parental Consent Attached
- Bursar Payable Request
- Date: _____
- Post-Exposure Series
- Comments: _____

Receipt Date Stamp