UNIVERSITY OF MARYLAND
HEPATITIS B VACCINATION SERIES

I have read the materials given to me regarding hepatitis B viral infection and the hepatitis B vaccination series. The opportunity has been given to ask questions about both the disease process and the vaccination series, as well as have my questions answered. I am aware that the three dose series will be free of charge to me.

CONSENT TO RECEIVE THE HEPATITIS B VACCINATION SERIES

I have read and understand the possible side effects which may occur by taking the vaccine. I understand that the risks associated with the vaccine include the possibility of a severe allergic reaction. I should not receive this vaccine if I have a history of hypersensitivity to yeast or thimerosal. Minor reactions include soreness, itching, redness, swelling and pain at the site of injection. The vaccine series involves receiving one dose of hepatitis B vaccine in the upper arm on three different occasions. It will be my responsibility to schedule and report for the injections at the University Health Center Occupational Health Office 301-314-8184. After my first dose, I should report back to that facility in 30 days for my second dose, and then in 5 months later for my third dose.

HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B infection, 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 series at no charge to myself.

BY MY SIGNATURE BELOW

____ I **REQUEST** that I be administered the hepatitis B vaccination series. Please call 301-314-8184 to schedule an appointment with the Occupational Health Clinic.

____ I **DECLINE** to be administered the hepatitis B vaccination series at this time. I am aware that I can change my decision at any time in the future as long as I am employed by the University of Maryland and continue to have occupational exposure to blood.

____ I **HAVE PREVIOUSLY RECEIVED** the hepatitis B vaccination series.

Employee Name:_____ _____
Print Signature

Date:_____ Date of Birth:_____

UID:_____ Email Address:_____

Personal Cell Phone Number:_____

3/2018