



Wellesley College

HEPATITIS B VACCINE

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 myself.

Accept

I have read and understand the Vaccine Information Sheet for Hepatitis B. I understand that I will receive three doses of the vaccine and will need to adhere to the prescribed schedule where the second dose is given one month following the first does, and the third dose given six months from the first. I understand the benefits and risks associated with Hep B vaccine as explained in the sheet I have read.

I will participate in the Hepatitis B vaccination program.

(print name)_____ (date)_____

(signature)_____

Decline

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 series at no charge to me.

(print name)_____ (date)_____

(signature)_____