

MAINE SCHOOL ADMINISTRATIVE DISTRICT #33

Hepatitis B Vaccination Employer Record

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk to acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 series at no charge to me.

_____ I understand the above and *decline* the vaccination.

_____ I have previously had the vaccination. (Fill in dates received below.)

_____ I choose to have the vaccination series. (Fill in dates received below.)

Signed: (Employee Name)_____ Date: _____

Dates of Vaccinations, if applicable:

1st _____

2nd _____

3rd _____

History: Adopted Meeting #929 June 12, 2013
 Revised Meeting #939 May 5, 2014