

**LOOKOUT MOUNTAIN COMMUNITY SERVICES  
HEPATITIS B VACCINE CONSENT AND DECLINATION FORM**

It is the policy of Lookout Mountain Community Services that the Hepatitis B vaccine will be offered to employees who have **high potential exposure** to direct contact with blood borne pathogens.

**HEPATITIS B VACCINE CONSENT**

\_\_\_\_\_ I have been advised by Lookout Mountain Community Services that I may receive the Hepatitis B vaccine at no cost to myself. I may be subject to occupational exposure to Hepatitis B. I understand that Hepatitis B vaccine has an 80-95% success level in providing protection from Hepatitis B when the complete series of three doses of vaccine are administered.

I further understand that in addition to the chronic illness, Hepatitis B virus infection can lead to a chronic carrier state, chronic hepatitis, cirrhosis, and is associated with a higher risk of liver cancer. I understand that there is no effective treatment or cure for Hepatitis B. I certify that I am 18 years of age or older and am legally and medically competent. I believe that I understand the risks and benefits of the vaccine and I request to be immunized with Hepatitis B vaccine.

***I also understand that if I fail to schedule my initial appointment within 30 days from the date signed below or if I fail to complete the Hepatitis B vaccine series I will be considered to have declined the Hepatitis B vaccine.***

\_\_\_\_\_  
Employee Name / Please Print

\_\_\_\_\_  
Worksite

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\* \* \*

**HEPATITIS B VACCINE DECLINATION** (Check one that applies)

\_\_\_\_\_ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (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. I am also aware that failure to submit to this test may result in my **NOT** receiving workers' compensation should I develop the disease HBV in the future. 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.

**OR**

\_\_\_\_\_ I have received the Hepatitis B vaccine series in the past, or I have had the Hepatitis B viral disease, therefore, I am declining inoculation with the Hepatitis B vaccine.

**OR**

\_\_\_\_\_ I understand that my position has minimal to no risks of occupational exposure to blood or other potentially infectious materials and therefore, I am not eligible for the Hepatitis B Vaccine offered through LMCS.

\_\_\_\_\_  
Employee Name / Please Print

\_\_\_\_\_  
Worksite