

**Happy Valley Union Elementary School District
Bloodborne Pathogen Hepatitis B Vaccination & Declination Form**

For Completion by the Employee:	
Employee Name	
Social Security #	
Department	
Date of Hire (for new employees)	

I have participated in training provided by the Happy Valley Union Elementary School District through the Keenan SafeSchools training that addresses the regulations on bloodborne pathogens, universal precautions and the Hepatitis B vaccine. Further, I understand that the Happy Valley Union Elementary School District will offer the Hepatitis B vaccine to me at no cost.

At this time, my decision regarding the Hepatitis B vaccination is as indicated:

Yes, I wish to receive the vaccination. I understand and commit to the full series of 3 injections.

_____	_____
Employee Signature	Date

For Completion by the Provider Administering the Hepatitis B Vaccine:	
Dept. or Provider Administering the Vaccine:	
Employee Name	
Date of 1 st Shot	
Date of 2 nd Shot	
Date of 3 rd Shot	

Hepatitis B Vaccine Declination Statement
Employee Waiver of Immunization

No, I do not need to receive the vaccination because I am presently vaccinated for the HBV. *(If known, please enter the date of your vaccination: _____)* Please sign below.

No, I do not want to receive the vaccination. I understand that I may change my mind and receive the vaccine at a later date. *(You must sign the declination statement below if you choose not to have the vaccination)* I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring 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 also understand that 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 that time, at no charge to me.

_____	_____
Employee Signature	Date