

APPENDIX B

Consent Form for Hepatitis B Vaccination

Consent:

I understand that due to my occupational exposure (or possible exposure) to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HPB) infection. I have been given information on the hepatitis B vaccine, including its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.

_____ I elect to receive this free immunization.

Name: (Print) _____ Date _____

Title: _____ Department: _____

Signature: _____ Date _____