



Consent & Release for Hepatitis Vaccination

Background

The Occupational Safety & Health Administration of the U.S. Department of Labor (OSHA) issued regulations regarding occupational exposure to Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. Under these regulations, employers in the health care industry are required to implement measures to prevent HBV & HIV exposure to employees. HBV vaccine is one such measure. It provides active immunity against Hepatitis B only and not against HIV infection. Then vaccine must be taken in three doses at initial, one, and six-month intervals for full immunization effect.

Who Should Consider Receiving HBV Vaccine?

In accordance with OSHA's regulations, First Choice Home Care is offering the HBV vaccine free of charge to all employees who may reasonably anticipate occupational exposure to blood and other potentially infectious materials.

I have been informed of the modes of transmission of bloodborne pathogens including the hepatitis B virus. I have been instructed on First Choice Home Care's exposure control plan and understand the procedure to follow if an exposure incident occurs. I have also been instructed on and understand the efficacy, safety, method of administration, benefits and possible adverse reactions of the hepatitis B vaccine.

TO ACCEPT VACCINE:

☐ I understand the potential benefits and side effects/adverse reactions of HBV vaccine. I choose to receive the vaccine.

☐ I consent to receive the Hepatitis B vaccine. I release First Choice Home Care and its employees from all liability in connection with the administration of the vaccine. I understand that the vaccine is given in three doses: initial, in one month, and in six months. I understand that the HBV vaccine is being special ordered for me. I also understand that it is my responsibility to contact First Choice Home Care to arrange an appointment for each of the three doses throughout the six-month period.

Date

Signature

Witness

Print Name

Date Initial Vaccine Received: _____
Administered by: _____
Lot# _____ Exp. _____

Left Deltoid ☐ Right Deltoid ☐
Employee Signature: _____

Date Second Dose Received: _____
Administered by _____
Lot# _____ Exp. _____

Left Deltoid ☐ Right Deltoid ☐
Employee Signature: _____

Date Third Dose Received: _____
Administered by: _____
Lot # _____ Exp. _____

Left Deltoid ☐ Right Deltoid ☐
Employee Signature: _____