



Montgomery County
Public Schools

**HEPATITIS-B VACCINE
CONSENT OR DECLINATION FORM**

I understand that due to my occupational exposure to blood or to other potentially infectious materials, I may be at risk of acquiring Hepatitis-B virus infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine at no charge to myself. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. I can elect to receive the Hepatitis-B vaccine on a future date as long as I continue to have a risk of occupational exposure to blood or other potentially infectious materials. At that time, the Hepatitis-B vaccine will still be given at no charge to me.

I am not allergic to yeast.

I do hereby voluntarily consent to have the vaccine administered.

I do not wish to receive the vaccine at this time.

I reserve the right to receive the vaccine at a future date. **(I understand I must contact the Human Resource Department and make a request in writing.)**

First MI Last Suffix

Employee ID _____ or Last Four Digits of SS #: _____

Date of Birth: _____

Employee Work Location: _____

Position: _____

Signature

Date

REV: 06/2015